Central Shenandoah (PDC 6) Coordinated Human Service Mobility Plan

Counties: Augusta, Bath, Highland, Rockbridge and Rockingham

Cities: Buena Vista, Harrisonburg, Lexington, Staunton and Waynesboro

June 2008

prepared for

Virginia Department of Rail and Public Transportation

prepared by

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Central Shenandoah (PDC 6) Coordinated Human Service Mobility Plan June 2008

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I. Executive Summary

This Coordinated Human Service Mobility (CHSM) Plan is prepared in response to the coordinated planning requirements of SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act – A Legacy for Users, P.L. 190-059), set forth in three sections of the Act: Section 5316-Job Access and Reverse Commute (JARC), Section 5317- New Freedom Program, and Section 5310-Elderly Individuals and Individuals with Disabilities Program. The coordinated plan establishes the construct for a unified comprehensive strategy for transportation service delivery in the Central Shenandoah Planning District (PDC 6) that is focused on unmet transportation needs of seniors, people with disabilities, and individuals of low income.

This CHSM Plan details the coordinated transportation planning process for PDC 6, and includes the following four required elements:

- 1. An assessment of available services identifying current providers (public and private).
 - Information on available transportation services and resources in PDC 6 is included in Section VI.
- 2. An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes this assessment can be based on the experiences and perceptions of the planning partners or on data collection efforts and gaps in service.
 - For PDC 6, analysis of demographic and potential destinations is included in Section V, and assessment of unmet transportation needs and gaps is contained in Section VII.
- 3. Strategies and/or activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery.
 - The nine strategies identified during the planning process, along with potential projects, are located in Section VIII.
- 4. Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

The prioritized strategies and projects for implementation for PDC 6 are included in Section IX.

Approach to the CHSM Plan

Ultimately, the CHSM plan must:

- Serve as a comprehensive, unified plan that promotes community mobility for seniors, persons with disabilities, and persons of low income;
- Establish priorities to incrementally improve mobility for the target populations; and
- Develop a process to identify partners interested, willing, and able to promote community mobility for the target populations.

To achieve these goals, the planning process involved:

- Quantitative analyses to identify resources, needs and potential partners;
- Qualitative activities included public meetings with major agencies and organizations funding human services, with representative direct service providers, and with consumers representing the target group constituencies; and
- An inventory of available public transit services was undertaken to provide initial informational tools to the target populations and their representatives.

In addition, this plan includes information on an ongoing structure for leading CHSM Plan updates and facilitating coordination activities in the region.

II. Introduction

The Federal legislation that provides funding for transit projects and services includes new coordinated planning requirements for the Federal Transit Administration's Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs. To meet these new requirements, the Virginia Department of Rail and Public Transportation (DRPT) undertook the development of Coordinated Human Service Mobility (CHSM) Plans for rural and small urban areas of the Commonwealth. As suggested by the title, these plans also take a broader view of the mobility issues faced daily by older adults, people with disabilities and people with lower incomes in Virginia.

The CHSM Plans are organized geographically around 21 Planning District Commissions (PDCs) throughout the Commonwealth. The PDCs have been chartered by the local governments of each planning district under the Regional Cooperation Act to conduct planning activities on a regional scale. One important function of the PDCs is to conduct planning efforts on a regional scale.

This CHSM Plan is for the Central Shenandoah Planning District (PDC 6). As shown in Figure 1, PDC 6 is located in the northwest region of the Commonwealth, and includes Rockingham, Augusta, Rockbridge, Bath, and Highland Counties and the Cities of Harrisonburg, Staunton, Waynesboro, Lexington, and Buena Vista. Aside from these major cities, PDC 6 is largely rural in nature with scattered populations and dispersed destinations, presenting distinct transportation needs for older adults, people with disabilities, and people with lower incomes.

The plan development featured continuous input from local stakeholders. A series of workshops was conducted to gather input on unmet transportation needs and issues, and to reach consensus on specific strategies to address the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. More information on outreach activities is included in Section IV.

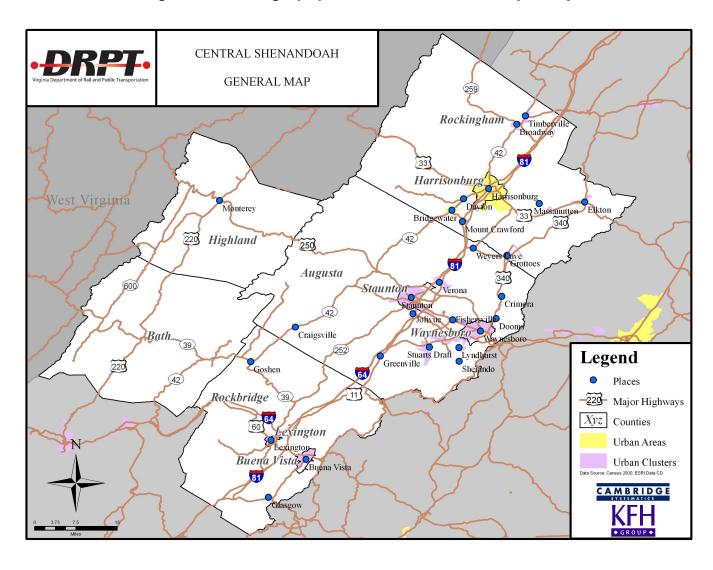


Figure 1. Geography of Central Shenandoah (PDC 6)

III. Background

In August 2005, the President signed into law the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU), legislation that provides funding for highway and transit programs. SAFETEA-LU includes new planning requirements for the Federal Transit Administration's (FTA) Section 5310 (Elderly Individuals and Individuals with Disabilities), Section 5316 (Job Access and Reverse Commute – JARC) and Section 5317 (New Freedom) Programs, requiring that projects funded through these programs "must be derived from a locally developed, coordinated public transit- human services transportation plan".

In March 2006, FTA issued proposed circulars with interim guidance for Federal FY 2007 funding through the Section 5310, JARC and New Freedom Programs, including the coordinated planning requirements. Circulars with final guidance were issued on March 29, 2007, with an effective date of May 1, 2007. The final guidance noted that all grant funds obligated in Federal FY 2008 and beyond must be in full compliance with the requirements of these circulars and the coordinated plan requirement1. As the designated lead agency and recipient of Federal transit funds in Virginia—including the Section 5310, JARC and New Freedom Funds—DRPT led the development of CHSM Plans for rural and small urban areas to meet these new Federal requirements.

3.1 Coordinated Plan Elements

FTA guidance defines a coordinated public transit-human service transportation plan as one that identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting those local needs; and prioritizes transportation services for funding and implementation. In total, there are four required plan elements:

- An assessment of available services that identifies current providers (public, private, and non-profit);
- An assessment of transportation needs for older adults, individuals with disabilities, and people with low incomes;

¹ The final guidance from FTA on the coordinated planning requirements for the Section 5310, JARC, and New Freedom Programs can be found in Appendix A.

- Strategies, activities, and/or projects to address the identified gaps and achieve efficiencies in service delivery; and
- Relative priorities for implementation based on resources, time, and feasibility for implementing specific strategies/activities identified.

3.2 Program Descriptions

Section 5310 (Elderly Individuals and Individuals with Disabilities)

The Federal grant funds awarded under the Section 5310 program provide financial assistance for purchasing capital equipment to be used to transport the elderly and persons with disabilities. Private non-profit corporations are eligible to receive these grant funds. The Section 5310 grant provides 80% of the cost of the equipment purchased, with the remaining 20% provided by the applicant organization. The 20% must be provided in cash by the applicant organization, and some non-transportation Federal sources may be used as matching funds.

Federal Section 5310 funds are apportioned annually by a formula that is based on the number of elderly persons and persons with disabilities in each State. DRPT is the designated recipient for Section 5310 funds in Virginia.

Section 5316 (Job Access and Reverse Commute—JARC)

The Job Access and Reverse Commute (JARC) Program provides funding for developing new or expanded transportation services that connect welfare recipients and other low income persons to jobs and other employment related services. DRPT is the designated recipient for JARC funds in areas of the Commonwealth with populations under 200,000 persons. Projects are eligible for both capital (80/20 match) and operating (50/50 match).

From its inception in Federal FY 1999, the JARC program funds were allocated to States through a discretionary process. The SAFETEA-LU legislation changed the allocation mechanism to a formula based on the number of low-income individuals in each State. The legislation also specifies that, through this formula mechanism, 20% of JARC funds allocated to Virginia must go to areas with populations under 200,000.

Mobility management projects are eligible for funding through the JARC Program, and are considered an eligible capital cost. Therefore, the Federal share of eligible project costs is 80% (as opposed to 50% for operating projects). Additional information on potential mobility management projects is included in Appendix B.

Section 5317 (New Freedom Program)

The New Freedom Program provides funding for capital and operating expenses designed to assist individuals with disabilities with accessing transportation services, including transportation to and from jobs and employment support services. Projects funded through the New Freedom Program must be both new and go beyond the requirements of the Americans with Disabilities Act (ADA) of 1990.

New service has been identified by FTA as any service or activity not operational prior to August 10, 2005 and one without an identified funding source as of August 10, 2005, as evidenced by inclusion in the Transportation Improvement Plan (TIP) or the State Transportation Improvement Plan (STIP).

Similar to the JARC Program, DRPT is the designated recipient for New Freedom funds in areas of the State with populations under 200,000 persons. Similar to JARC, a total of 20% of New Freedom funds are allocated to these areas. Projects are eligible for both capital (80/20 match) and operating (50/50 match). Also, like JARC, mobility management projects are eligible for funding and are considered an eligible capital expense.

An overview of these FTA Programs is included in Table 1.

Table 1. Program Information

FTA Program	Match Ratios
S. 5310 – Elderly and Disabled	Capital Only: 80% Federal 20% Local
S. 5316 – JARC	Capital: 80% Federal 20% Local Operating:
	50% Federal 50% Local
S. 5317 – New Freedom	Capital: 80% Federal 20% Local
	Operating: 50% Federal 50% Local

Matching Funds for Section 5310, JARC, and New Freedom Programs

FTA guidance notes that matching share requirements are flexible to encourage coordination with other Federal programs. The required local match may be derived from other non-Department of Transportation Federal programs. Examples of these programs that are potential sources of local match include employment training, aging, community services, vocational rehabilitation services, and Temporary Assistance for Needy Families (TANF).

More information on these programs is available in Appendix C, and on the United We Ride Website at http://www.unitedweride.gov. United We Ride is the Federal initiative to improve the coordination of human services transportation.

3.3 Coordination of Public Transit and Human Service Transportation

As part of the outreach efforts in the coordinated transportation planning process, DRPT hosted a series of regional workshops. Details regarding the outreach efforts in PDC 6 are outlined in the next section. The initial workshop included a discussion of current and potential efforts to improve coordination of public transit and human services transportation and improve mobility options for older adults, people with disabilities, and people with low incomes. This general discussion included the various functions to improve coordination of services, including:

• Goals of Coordination:

- More cost-effective service delivery
- Increased capacity to serve unmet needs
- o Improved quality of service
- Services which are more easily understood and accessed by riders

Benefits of Coordination:

- Gain economies of scale
- o Reduce duplication and increase efficiency
- Expand service hours and area
- o Improve the quality of service
- Key Factors for Successful Coordination:
 - Leadership Advocacy and support; instituting mechanisms for coordination
 - Participation Bringing the right State, regional, and local stakeholders to the table
 - Continuity Structure to assure an ongoing forum, leadership to keep the effort focused, and respond to ever-changing needs

IV. Outreach Efforts

FTA guidance notes that States and communities may approach the development of a coordinated plan in different ways. Potential approaches suggested by FTA include community planning sessions, focus groups, and surveys. DRPT took a broad approach that would help ensure the participation of key stakeholders at the local level throughout the development of this plan. It included the development of an extensive mailing list, a series of local workshops, and numerous opportunities for input and comments on unmet transportation needs and potential strategies and projects to improve mobility in the region.

4.1 Invitations to Participate in Plan Development

The development of the invitation list for all potential regional workshop attendees capitalized on the established State Interagency Transportation Council that includes the Departments of/for Rail and Public Transportation; Rehabilitative Services; Aging; Blind and Vision Impaired; Medical Assistance Services; Mental Health, Mental Retardation and Substance Abuse Services; Social Services; Health; Office of Community Integration (Olmstead Initiative) and the Virginia Board for People with Disabilities. Representatives of each agency were asked to attend at least one of the regional CHSM planning workshops, and to inform and invite other interested staff from their agency or agencies with whom they contract or work with. In addition, special contacts by DRPT were made with each PDC Executive Director regarding the need for PDC participation, leadership and involvement in the regional CHSM workshops. A presentation was also made during a conference of PDC staff to obtain input on the CHSM workshops and encourage involvement by the PDCs.

Key stakeholders throughout the Commonwealth also received digital invitations from Matthew Tucker, Director of DRPT. The invitation was forwarded to the Executive Director of all primary agencies responsible for providing or arranging human service transportation, and any entity that has previously participated in the Section 5310 Program.

Overall, eight broad categories of agencies received invitations (total number of agencies per category in the Commonwealth included in parentheses):

- Community Services Boards (CSBs) and Behavioral Health <u>Authorities (BHAs)</u>. These boards provide or arrange for mental health, mental retardation and substance abuse services within each locality. (40 total)
- <u>Employment Support Organizations (ESOs)</u>. These organizations provide employment services for persons with disabilities within localities around the State. (48 total)
- Area Agencies on Aging (AAAs). These organizations offer a variety
 of community-based and in-home services to older adults, including
 senior centers, congregate meals, adult day care services, home
 health services, and Meals-on-Wheels. (22 total)
- <u>Public Transit Providers.</u> These include publicly or privately-owned operators that provide transportation services to the general public on a regular and continuing basis. They have clearly published routes and schedules, and have vehicles marked in a manner that denotes availability for public transportation service. (50 total)
- <u>Disability Services Boards.</u> These boards provide information and resources referrals to local governments regarding the Americans with Disabilities Act (ADA), and develop and make available an assessment of local needs and priorities of people with physical and sensory disabilities. (41 total)
- <u>Centers for Independent Living (CIL)</u>. These organizations serve as educational/resource centers for persons with disabilities. (16 total)
- <u>Brain Injury Programs</u> that serve as clubhouses and day programs for persons with brain injuries. (12 total)
- Other appropriate associations and organizations, including Alzheimer's Chapters, AARP, and the VA Association of Community Services Boards (VACSB).

4.2 Regional Workshops

DRPT conducted an initial round of regional workshops throughout Virginia, and representatives of PDC 6 participated in the Weyers Cave workshop on April 23, 2007. This workshop included an overview of the new Federal requirements and Virginia's approach, information on the

Section 5310, JARC, and New Freedom Programs, and a presentation of the Census-based demographic data for the region.

The workshop also included the opportunity to gain input from participants on unmet transportation needs and gaps. The majority of time in the workshop was dedicated to obtaining input on the local transportation needs of older adults, people with disabilities, and people with lower incomes, and on available transportation resources.

Participants from PDC 6 were invited to a subsequent workshop, held in Staunton, VA on October 12, 2007. This workshop focused on potential strategies and projects to meet the needs identified in this plan, and the priorities for implementation. Participants provided comments on the proposed strategies, and approved the ones included in Section VIII.

A third workshop for PDC 6 was held in Staunton, VA on May 9, 2008. This workshop included a review of the April 2008 CHSM Plan and final agreement on the components of this June 2008 version. The coordinated planning participants also provided a more formal endorsement of the CHSM Plan that is detailed in Section X. The workshop also featured an announcement from DRPT regarding the next application cycle.

A full listing of workshop participants is included in Appendix D.

4.3 Opportunities to Comment on Plan

In addition to the comments obtained during the regional workshops, local stakeholders received preliminary portions of this plan to review, as well as draft versions of the entire plan. Their comments were incorporated into this CHSM Plan.

V. Demographics and Potential Destinations

To provide an informational framework for PDC 6's CHSM Plan, data on the three potentially transit dependent populations and on potential destinations were collected and analyzed using Geographic Information Systems (GIS) and other data analysis tools.

5.1 Methodology

The process of assessing transportation needs was a multi-part effort that involved reviewing and summarizing the demographic characteristics of the PDC and the potential destinations, which reflect potential travel patterns of residents. To evaluate transportation needs specific to each population group, Census 2000 data for persons over age 60, persons with disabilities (age 5 and older), persons living below the poverty level, and autoless households were mapped. Autoless households are a helpful indicator of areas that are more likely to need transportation options because residents do not have access to a personal vehicle or cannot drive for various reasons.

The underlying data, at the block group level, for the potentially transit dependent populations and autoless households are included in Appendix E. Mapping the geographic distribution of each population helped to visualize the analysis of high, medium, and low levels of transportation need throughout the region. Numbers for these four population segments were then combined into aggregate measures of transportation need, and evaluated by both density and percentage of potentially transit dependent persons. This population profile was used to identify areas of the PDC that have either high densities of persons in need of transportation services or high percentages of the population General population density was also mapped to with such needs. compare the PDC's areas of high density with areas of high numbers of potentially transit dependent persons, portrayed in the maps for each population segment.

The results of the process are summarized in this section, and are intended to help identify major factors in the coordinated transportation planning process: 1) those geographic areas of the PDC that have high relative transportation needs, and whether these areas are served by existing transportation services; and 2) the potential destinations that older adults,

people with disabilities, and people with lower incomes need transportation to access.

5.2 Demographics

<u>Population Density</u>

Population density is an important indicator of how rural or urban an area is, which in turn affects the types of transportation that may be most viable. While fixed-route transit is more practical and successful in areas with 2,000 or more persons per square mile, specialized transportation services are typically a better fit for rural areas with less population density.

As shown in Figure 2:

- The vast majority of the region has a low-density population, with only a few areas with a population of over 500 people per square mile.
- Harrisonburg, Staunton, Waynesboro, Lexington, and Buena Vista have block groups with more than 2,000 persons per square mile.
- These cities, along with Bridgewater, also have population densities in the medium and low range, between 500 and 2,000 persons per square mile.

<u>Number of Older Adults, People with Disabilities, and People with Lower</u> Incomes

The numbers of older adults, people with disabilities, and people with lower incomes were mapped in Figures 3, 4, and 5, respectively. While these Figures are helpful indicators of the physical distribution of these population segments, it is important to remember that these numbers cover large areas; therefore, density or a lack thereof will be important in considering the types of transportation that can best serve these populations.

As shown in Figure 3:

- Aside from small areas in Harrisonburg, Staunton, Buena Vista, and Lexington, which are in the low range, the rest of Central Shenandoah's block groups contain more than 100 older adults.
- The majority Bath and Rockbridge Counties, Lexington, Buena Vista, Staunton, and approximately half of Highland, Augusta, and Rockingham Counties has a high number of older adults per census block group.
- The central and northeastern parts of the PDC are in the medium range, with 100-200 older adults per block group.

As shown in Figure 4:

- Areas near Timberville, Elkton, and Harrisonburg have a high number of disabled persons.
- The majority of Bath and Rockbridge Counties, patches of Augusta and Rockingham Counties, and Harrisonburg, Staunton, and Buena Vista are among areas with a medium number (100-200) of disabled persons per block group.
- Highland County, the periphery of Augusta County, and sections of Rockingham and Lexington Counties and Harrisonburg have block groups in the low range with less than 100 disabled persons.

As shown in Figure 5:

- Elkton, Timberville, Harrisonburg, Staunton, Waynesboro, and north Lexington are areas with a high number of persons below poverty.
- Large portions of Highland, Bath, and Rockbridge Counties have block groups in the medium range, as do Lexington, Buena Vista, Goshen, Dooms, Crimora, Weyers Cave, and Grottoes.
- The majority of Augusta County and parts of Bath, Rockbridge, and Rockingham Counties and the major cities have less than 100 persons below poverty per block group.

Autoless Households

Persons who have limited access to or ability to use a car rely on other transportation options, including public transit services operated in the

region and on human service organization-provided transportation that is generally restricted to agency clients.

As shown in Figure 6:

- Harrisonburg, Staunton, and Waynesboro are the only places that have a few block groups with more than 100 autoless households.
- Northern Bath and Rockbridge Counties, Buena Vista, and parts of Lexington, Staunton, Waynesboro, Harrisonburg, and Rockingham County have 50-100 autoless households per block group.
- The majority of the PDC, including nearly all of Highland and Augusta Counties, has less than 50 autoless households per block group.

Ranked Density and Percentage

As described earlier, the numbers of older adults, disabled persons, and persons below poverty, along with the number of autoless households were combined into an aggregate measure for transportation need. Because an individual may belong to more than one of the key population segments, the absolute numbers of these populations cannot simply be added together to obtain a total number of transportation dependent persons. To minimize counting such individuals multiple times when considering all the population segments together, each population segment is ranked. Then all the rankings are summarized to ascertain the block groups' overall ranking for potentially transit dependent persons. This overall ranking was first done by density, which helps identify areas with high concentrations of persons who are likely to have transportation needs.

As shown in Figure 7:

- The highest concentrations of potentially transit dependent persons are in Harrisonburg, Staunton, Waynesboro, Lexington, and Buena Vista.
- The next highest ranking block groups are located directly outside these towns, as well as in Timberville, Broadway, Dayton, Bridgewater, Elkton, Grottoes, Crimora, Stuarts Draft, and Glasgow.

• The majority of the PDC is in the low range for relative transit need based on ranked density.

The block groups were also ranked overall by percentage. Unlike the density ranking that portrays the concentration of transportation dependent persons, the percentage ranking captures the proportion of people within a block group that likely has transportation needs. The percentage ranking indicates that there are potentially transit dependent persons throughout the region that may not live in dense clusters.

As shown in Figure 8:

- The results of this ranking show a greater distribution of block groups in the high range, especially in large portions of Highland, Bath, and Rockbridge Counties and in Lexington, Buena Vista, and Waynesboro.
- Southeastern Bath County, eastern Rockbridge County, patches throughout Augusta and Rockingham Counties, Harrisonburg, and Staunton all have block groups with medium relative transit need based on ranked percentage.
- Eastern sections of the region have relatively low proportions of transit dependent persons.

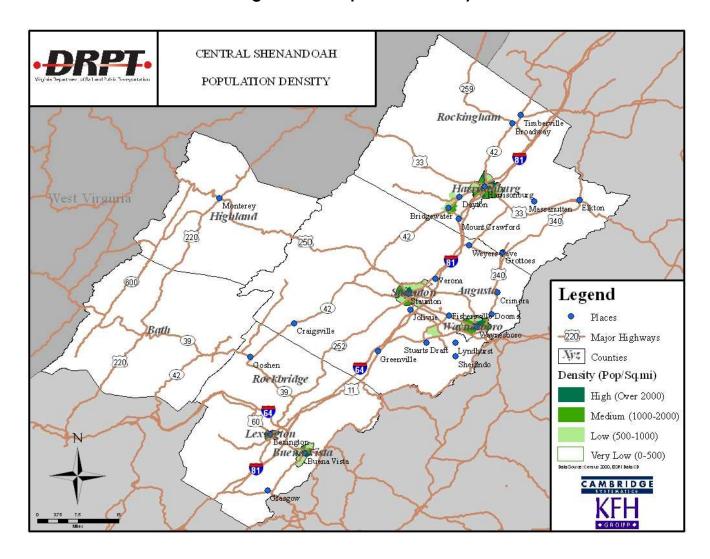


Figure 2. Population Density

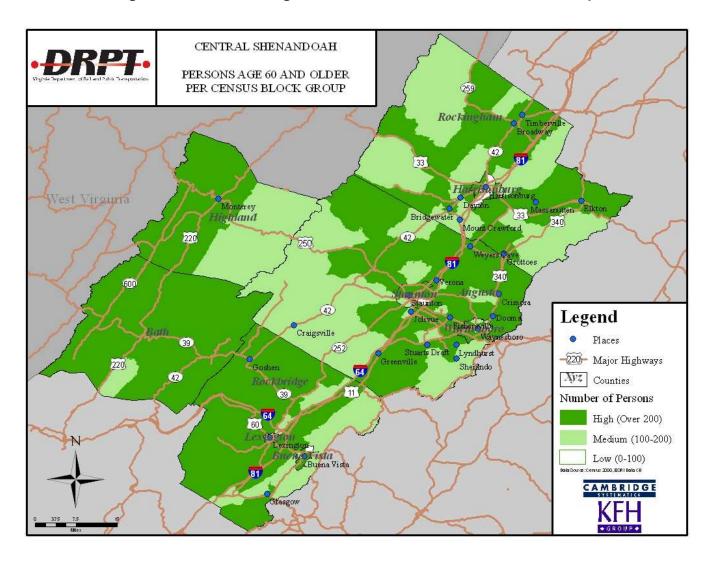


Figure 3. Persons Age 60 and Older Per Census Block Group

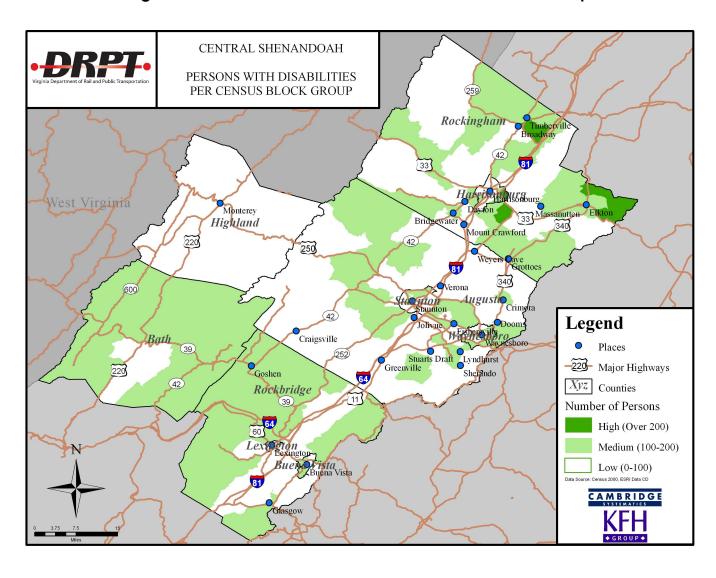


Figure 4. Persons With Disabilities Per Census Block Group

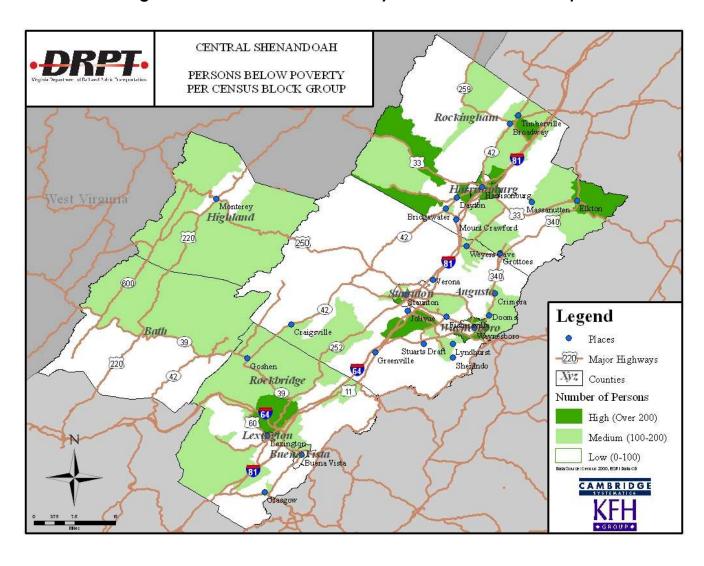


Figure 5. Persons Below Poverty Per Census Block Group

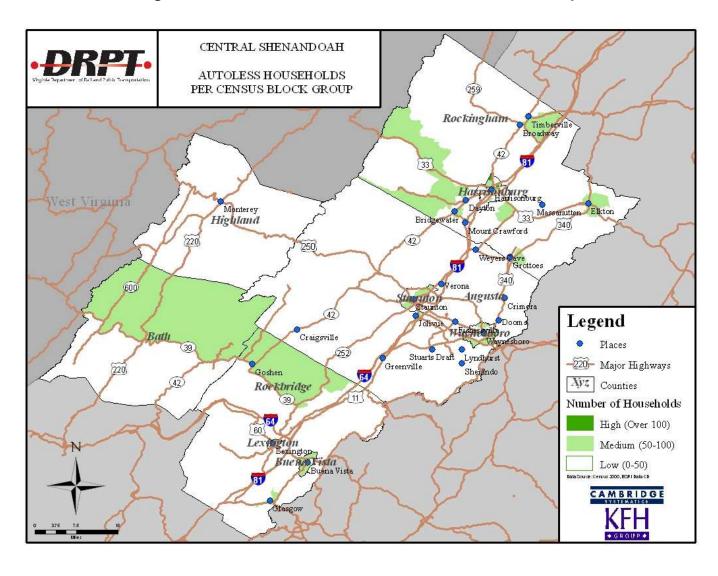


Figure 6. Autoless Households Per Census Block Group

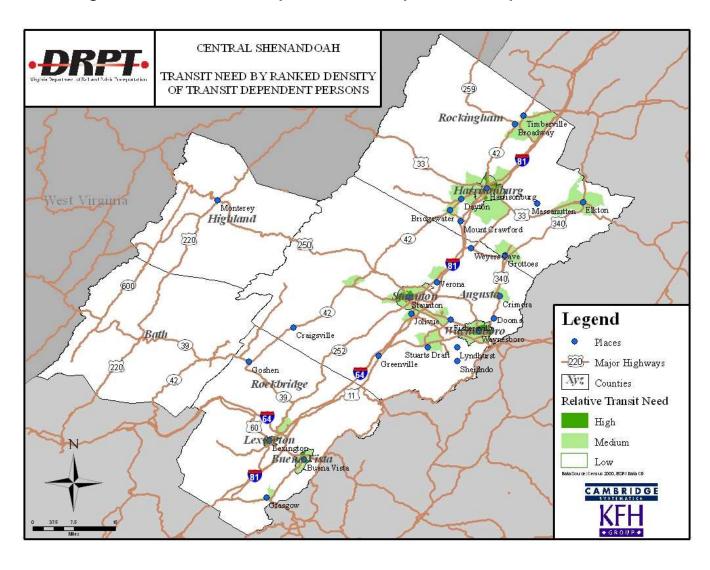


Figure 7. Transit Need by Ranked Density of Transit Dependent Persons

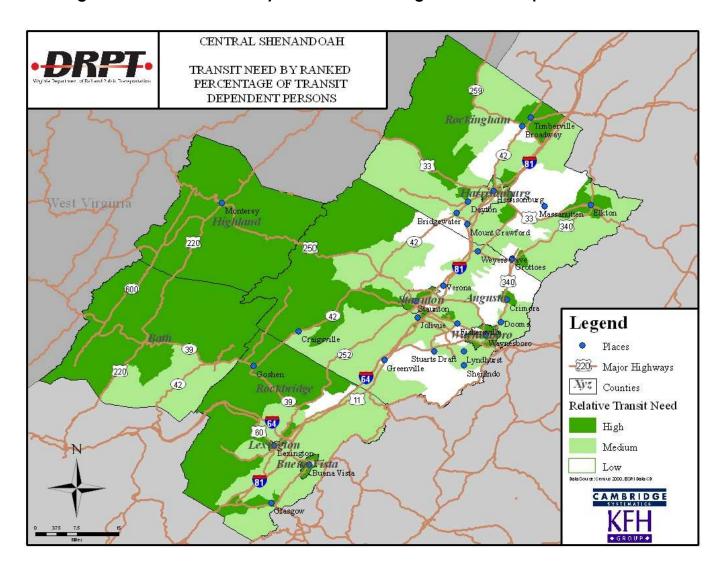


Figure 8. Transit Need by Ranked Percentage of Transit Dependent Persons

5.3 Potential Destinations

Potential destinations are places that residents are attracted to for business, medical services, education, community services, and recreation. They include major employers, medical facilities, educational facilities, human services agencies, and shopping destinations. These destinations were identified using local websites and resources and supplemented with research through online search engines such as Google. The destinations were then mapped with GIS to give a visual representation of popular places to which transportation may be requested by older adults, people with disabilities, and people with lower incomes. The potential destinations were mapped in Figure 9; Table 2 lists the details of the potential destinations.

As shown in Figure 9:

- Potential destinations are concentrated mainly in Harrisonburg, Waynesboro, Buena Vista, and Lexington with a small number in Elkton, Verona, and southwest of Harrisonburg as well.
- Bath and Highland Counties have fewer potential destinations than the other counties in the region.

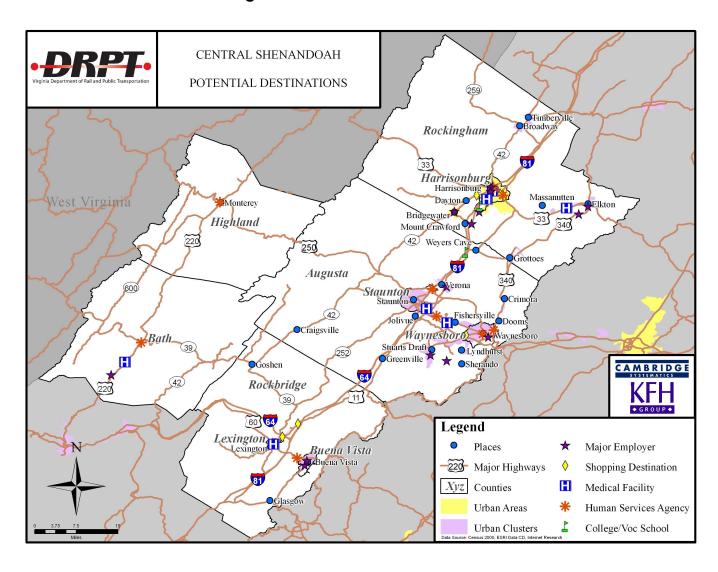


Figure 9. Potential Destinations

Table 2. Potential Destinations

Central Shenandoah (PDC6)

Destinations

Туре	Name	Address	City	County
College/Voc School	Blue Ridge Community College	One College Ln	Weyers Cave	Augusta
College/Voc School	Massanutten Technical Center	Pleasant Valley Rd	Harrisonburg	Harrisonburg city
Human Services	Shenandoah Department of Social	68 Dick Huff Ln	Verona	Augusta
Agency Human Services	Services (Staunton-Augusta Office) Bath County Department of Social Services (DSS)	Courthouse	Warm Springs	Bath
Agency Human Services	Highland County Department of Social	Courthouse Annex	Monterey	Highland
Agency Human Services	Services (DSS) Buena Vista VEC Field Office	US Hwy 60 and 2164	Buena Vista	Buena Vista city
Agency Human Services	Harrisonburg-Rockingham County	East Midland Trl 110 N Mason St	Harrisonburg	Harrisonburg city
Agency Human Services	Department of Social Services Harrisonburg VEC Field Office	1909 East Market St	Harrisonburg	Harrisonburg city
Agency Human Services	Rockbridge-Buena Vista-Lexington Area Social Services	20 E Preston St	Lexington	Lexington city
Agency Human Services Agency	Staunton VEC Field Office	1076 Jefferson Hwy	Staunton	Staunton City
Human Services Agency	Valley Program for Aging Services, Inc. (AAA)	325 Pine Ave	Waynesboro	Waynesboro city
Human Services Agency	Shenandoah Valley Department of Social Services (Waynesboro Office)	1200 Shenandoah Ave	Waynesboro	Waynesboro city
Major Employer	American Safety Razor Company, Inc.	1 Razor Blade Ln	Verona	Augusta
Major Employer	Hershey Chocolate of Virginia, Inc.	120 Harold Cook Dr	Stuarts Draft	Augusta
Major Employer	McKee Foods Corporation	272 Patton Farm Rd	Stuarts Draft	Augusta
Major Employer	Augusta Medical Center	78 Medical Center Dr	Fishersville	Augusta
Major Employer	The Homestead	1766 Homestead Dr	Hot Springs	Bath
Major Employer	Coors Brewing Company	US Hwy 340	Elkton	Rockingham
Major Employer	Merck & Company Inc.	2778 South Eastside Hwy	Elkton	Rockingham
Major Employer	Perdue Farms, Inc.	100 Quality St	Bridgewater	Rockingham
Major Employer	Tyson Foods, Inc.	501 North Liberty St	Harrisonburg	Rockingham
Major Employer	Modine Manufacturing Company	1221 Magnolia Ave	Buena Vista	Buena Vista city
Major Employer	Graham Packaging Co.	291 W Wolfe St	Harrisonburg	Harrisonburg city
Major Employer	James Madison University	800 S Main St	Harrisonburg	Harrisonburg city
Major Employer	Wayne-Tex, Inc.	921 Delphine Ave	Waynesboro	Waynesboro city
Major Employer	Wal-Mart Distribution Center	US Hwy 81	Mount Crawford	Rockingham
Major Employer	S I International	790 Pleasants Dr	Harrisonburg	Rockingham
Major Employer	Dominion Virginia Power	2307 Beech Ave	Buena Vista	Buena Vista city
Medical	Augusta Medical Center	78 Medical Center Dr	Fischersville	Augusta
Medical	Commonwealth Center for Children and Adolescents	1355 Richmond Ave	Staunton	Augusta
Medical	Bath County Community Hospital	Route 220	Hot Springs	Bath
Medical	East Rockingham Health Center	13737 Spotswood Trl	Elkton	Rockingham
Medical	Mt. Jackson Medical Center	120 Medical Dr	Mt. Jackson	Rockingham
Medical	Rockingham Memorial Hospital	501 Stone Spring Road	Harrisonburg	Harrisonburg city
Medical	Stonewall Jackson Hospital	1 Health Cir	Lexington	Lexington city

Central Shenandoah (PDC6)

Destinations

Туре	Name	Address	City	County
		111 111 6:		
Medical	Carilion Stonewall Jackson Hospital	1 Health Cir	Lexington	Lexington city
Medical	Rockingham Memorial Hospital	235 Cantrell Ave	Harrisonburg	Rockingham
Shopping	Wal-Mart Supercenter Store	1028 Richmond Ave	Staunton	Augusta
Shopping	Wal-Mart Supercenter Store	116 Lucy Ln	Waynesboro	Augusta
Shopping	Wal-Mart Supercenter Store	1233 North Lee Hwy	Lexington	Rockbridge
Shopping	Antique Mall	US 11 North	Lexington	Rockbridge
Shopping	Wal-Mart Supercenter Store	171 Burgess Rd	Harrisonburg	Harrisonburg city
Shopping	Wal-Mart Supercenter Store	2160 John Wayland Hwy	Harrisonburg	Harrisonburg city
Shopping	Target	1995 E Market St	Harrisonburg	Harrisonburg city

VI. Assessment of Available Transportation Services and Resources

In planning for the development of future strategies to address service gaps, it was important to first perform an assessment of the transportation services available in PDC 6. The process included collection of basic descriptive and operational data for the various programs during the initial workshop. This was achieved through a facilitated session where participants were guided through a catalog of questions.

Table 3 highlights the identified public transit and Medicaid transportation providers in the region:

Table 3. Inventory of Available Services

	Ī		Ī	
Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
a) Rockbridge Area Transportation System (RATS)	Medicaid, public/community members with need (non-emergency medical, non-medical, etc.)	11 vehicles (7 accessible)	\$4/ride within 5 miles; \$6/5-10 miles (\$1 more for wheelchair accessible trips); trips to regional medical facilities, for employment; all demandresponse; Monday – Friday, generally 8:00 AM – 5:00 PM; serves the County of Rockbridge and the Cities of Lexington, and Buena Vista; Medicaid provider, door-to-door	11,000 trips per year
b) Valley CSB	Clients with behavioral/health care issues	70 (5 accessible)	Medicaid provider; Monday – Friday, 7:30 AM – 4:00 PM, Saturday (to UVA); take clients wherever they need to go; serves Cities of Staunton and Waynesboro, and Augusta and Highland Counties; door-to-door	7,000 trips per year
c) Friendship Industries	People with disabilities, specific to their program	4 vans (2 accessible)	Serves Rockingham County; Monday – Friday, 6-8:00 AM, 3-5:00 PM; nominal fee, deducted from their paycheck	400 trips weekly
d) LogistiCare (serves all of VA through 7 regions)	Broker for non- emergency transportation for Medicaid; Only transports eligible for Medicaid recipients and some Medicare		Reservations 24/7 by call center;	60,000 trips per week Statewide
e) Harrisonburg Transit	General public, fixed- route, ADA complimentary paratransit service, schools (including athletics/field trips)	28 fixed-route vehicles (all accessible) and 7 paratransit vehicles (all accessible)	7:00 AM – 12:00 AM, Monday – Thursday and Sunday, until 3:00 AM Friday and Saturday, Fare - \$1.00, \$0.50 for seniors, JMU and city students ride free, \$2.00 a trip for paratransit service	1.5 million trips per year

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
f) ARC of Augusta	People with mental retardation and disabilities	1 accessible bus	Serves Cities of Waynesboro and Staunton, and Augusta County, program specific, both door-to-door and curb-to- curb; Monday, Tuesday and, Thursday 8:00 AM – 10:00 AM, 3:00 PM – 5:00 PM; 1 Saturday/month socialization/ recreation program, picked up at home, make few stops, 8- 10 hour program; voluntary fee = \$2	2,500 trips per year
g) Fairfield Transport System and Housing	Mentally challenged adults, disabled people	12 vehicles (4 accessible vans)	Serves Rockbridge and Augusta Counties, and the Cities of Staunton and Waynesboro, Monday – Friday 6:00 AM – 6:00 PM, Saturday and Sunday appointments only	500 trips per week
h) Valley Program for Aging Services	Senior centers (60+), persons with disabilities, medical transportation for elderly and disabled, transportation for elderly and disabled	18 vans for senior centers (2 accessible) and 3 vans for elderly and disabled transportatio n (all accessible)	Senior Center: Door-to-	48,480 trips per year (senior centers) 2,804 trips per year (elderly and disabled)
i) Harrisonburg Rockingham CSB	Mental health, substance abuse, mental retardation	8 vehicles (1 accessible, 4 for residential services, 3 for Club House)	Rely heavily on public transportation, transportation by case managers in their own vehicles, 8:00 AM – 5:00 PM, Monday – Friday	
j) Vector Industries	Employees that are physically or mentally challenged, learning disabled, sensory disabilities	9 vehicles (2 accessible)	Door-to-door, curb-to-curb, 6:30-8:00 AM, 4:30-6:00 PM, 1 driver during day does enclaves to multiple facilities, sliding fee out of paycheck; Saturday program Community Connections (suggested donation \$5 within town, \$10 out of town, plans made 2 months in advance, first come first serve)	35,000+ trips per year
k) Rockingham County Transportation	Individuals who are low- income, elderly, disabled	4 vehicles (all accessible)	Essential life trips (non- Medicaid medical trips, some supportive employment, banking, shopping), Monday – Friday	3,800 trips per year

Agency/ Provider	(1) Client Type	(2) # of Vehicles	(3) Trip Characteristics (Times, Destinations, etc.)	(4) # of Trips
			8:00 AM – 5:00 PM, provide earlier as needed; per trip each way: less than 10 miles \$4.00, more than 10 miles \$8.00, up to 75 mi \$12.00; repeat customer (especially dialysis), take no more than 5% of individual's income (sliding fee or copay)	
IJRockbridge Area Community Services	Clients with behavioral/healthcare issues	9 vehicles (6 accessible)	Trips to day programs, medical/dental/psychiatric appointments, community integrated outings	3,500 trips per year
m) Rockbridge Area CSB*				
n) Rockbridge Area Occupational Center*				
o) B2B*				
p) First Choice*				
q) Virginia Regional Transportation Association (VRTA)*				
r) Woodrow Wilson Rehabilitation Center*				

^{*}Not present at the workshop.

Table 4 is a more detailed table that records the information collected from a two-page questionnaire. It provides a greater examination as to the amount and type of service available within the region. The Alliance for Families and Children, Valley Community Services Board, and Rockbridge Area Transportation System were the only providers to return completed questionnaires.

Figure 10 portrays the service area of the public transit providers in PDC 6. Harrisonburg Transit and Virginia Regional Transportation Association are the providers that serve the general public. Harrisonburg Transit serves the City of Harrisonburg and James Madison University (JMU). VRTA serves Augusta, Highland, and Rockingham Counties. In Augusta County, VRTA service is known as the Staunton Trolley, the Route 250 Connector, and the Blue Ridge Community College (BRCC) Shuttle.

Private Transportation Providers

In addition, the following private transportation providers were identified:

- 435-Ride, Fulks Run, VA
- ABC Cab of Harrisonburg, Harrisonburg, VA
- Al's Radio Cabs, Inc., Waynesboro, VA
- City Cab Co., Waynesboro, VA
- Custom Transportation Inc., Harrisonburg, VA
- Dunn's Taxi Services, Lexington, VA
- Fiesta Cab, Harrisonburg, VA
- Home Ride of VA, Inc., a bus service geared toward JMU students, providing service to Northern Virginia, Charlottesville, Richmond, and Tide Water.
- Rockbridge Taxi Services, Buena Vista, VA
- Yellow Cab, Harrisonburg, VA

Table 4. Transportation Providers Survey Data

Agency	(1) Type of Organization	(2) # of Individuals Organization Serves	(3) Eligibility Requirements	(4) Geographic Area Served by Program	(5) Geographic Coverage of Transportation	(6) Types of Transportation Services Provided	(7) When Transportation Service is Provided	(8) Type of Trips Provided
a)Alliance for Families and Children	Private, non- profit	20,000	Low Income	Planning District 11	Loan program for car purchase or car repair	Demand- response	N/A	Child day care, medical, employment, and shopping
b) Valley Community Services Board	Public	4,000		Cities of Staunton and Waynesboro, and Augusta and Highland Counties	Same	Demand- response, subscription, special services	Monday – Saturday, 7:30 AM – 4:00 PM	Adult day care, medical, education/training, employment, recreation, shopping, social services
c) Rockbridge Area Transportation System (RATS)	Private, non- profit	11,000 trips per year	Elderly, disabled and/or without means of transport	Rockbridge County and Cities of Lexington and Buena Vista	Same	Demand- response, subscription	Monday – Friday, 8:00 – 6:00 PM	Adult day care, medical, employment, recreation, shopping, social services

Agency	(9) # of Passenger Trips Provided	(10) # of Vehicles	(11) Total Transportation Operating Costs	(12) Funding for Transportation	(13) Transport People from other Agencies?	(14) Purchase Transportation Services?	(15) Coordinate Transportation with other Agencies?	(16) Problems in Providing Transportation
a)Alliance for Families and Children		0		\$100,000 Federal/State funds; \$48,000 Local/Private funds	No	No	Yes, refer individuals to Lynchburg Community Action Group	Funding to keep transportation program operating
b) Valley Community Services Board	7,000	70 (5 accessible)	\$700,000	\$600,000 Federal/State funds; \$100,000 Local/Private funds	No	No	No, but would like to	Prior authorization for Medicaid clients, large service area
c) Rockbridge Area Transportation System (RATS)	11,000 trips per year	11 (5 accessible)	\$330,000	\$28,000 Federal/State funds; \$330,000 Local/Private funds	RACS community MH, MR, SA	No	Planning stages to do so with MRSC in Buena Vista	Dealings with Logisticare and funds to subsidize fares is difficult

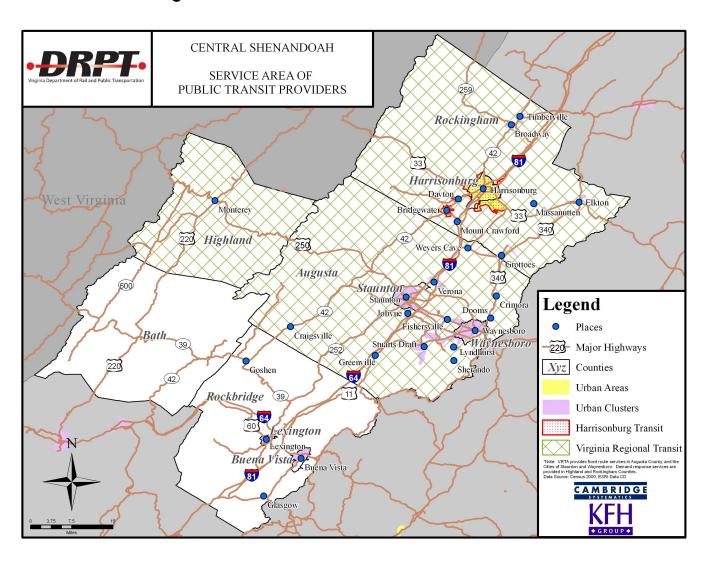


Figure 10. Service Area of Public Transit Providers

VII. Assessment of Unmet Transportation Needs and Gaps

An important step in completing this plan includes the identification of unmet transportation needs or service gaps. In addition to analyses based on demographics and potential destinations, local providers and key stakeholders provided input on the PDC's needs and gaps. This indepth needs assessment provides the basis for recognizing where and how service for the region needs to be improved. In some cases, maintaining and protecting existing services is identified as a need.

At the Weyers Cave workshop, representatives from PDC 6 provided input on specific unmet transportation needs in the region. The input focused on the targeted population groups for the Section 5310, JARC, and New Freedom Programs (older adults, people with disabilities, and people with lower incomes). The discussion also highlighted specific need characteristics, including trip purpose, time, place/destination, information/outreach, and travel training/orientation.

The vast majority of needs identified by workshop participants were described as "cross-cutting" – a need of all three population groups. Unless otherwise noted, each of the following was identified as a cross-cutting need:

Trip Purpose

- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Additional transportation options for people who are eligible for CSB services.
- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.

Time

- Expanded transportation in evenings and on weekends (except Harrisonburg).
- Transportation for job opportunities that require late shifts.
- Same-day transportation service for spontaneous travel needs.

Place/Destination

- Transportation services from remote area of the region to employment and shopping destinations.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region, (especially Rockingham County).

Information/Outreach

- Mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Reduce liability issues that hinder coordination efforts, including working with insurance companies and informing providers of the Community Transportation Association of Virginia (CTAV) insurance program.
- Use of the Virginia 211 system to provide information on available transportation services.
- Marketing campaigns to educate general public on need for nonautomobile transportation options and to reduce stigmatization of people who use public transit.

Travel Training/Orientation

• Expand travel training services to help people unsure how to use available transportation services.

<u>Other</u>

- Increased funding for operating costs.
- Expanded transportation options for school children and young people.
- Improved technology that facilitates coordination of services, including ability to network information between different providers.
- Formalized structure to facilitate and improve coordination of funding to expand services.
- Technical training for human service agencies on computer software and other route and service management technologies.
- Expanded use of volunteer drivers through formalized program, i.e. one that provides tax credits for volunteer drivers.
- Fares may be prohibitive for individuals with limited incomes.

VIII. Identified Strategies

Coupled with the need to identify service gaps is the need to identify corresponding strategies intended to address service deficiencies. Based on the assessment of demographics and potential destinations, and especially the unmet transportation needs obtained from key local stakeholders in the region, a preliminary list of strategies was generated. These "strategies" differ from specific projects in that they may not be fully defined – projects would require an agency sponsor, specific expenditures, etc. The strategies were then presented at the second workshop for input and ownership. Ultimately, the nine strategies listed below were endorsed by the workshop participants.

- 1. Continue to support and maintain capital needs of coordinated human service/public transportation providers.
- 2. Build coordination among existing public transportation and human service transportation providers.
- Expand outreach and information on available transportation options in the region, including establishment of a central point of access.
- 4. Provide flexible transportation options and more specialized transportation services or one-to-one services through expanded use of volunteers.
- 5. Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.
- 6. Implement new public transportation services or operate existing public transit services on a more frequent basis.
- 7. Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services.
- 8. Bring new funding partners to public transit/human service transportation.

9.	Provide opportur	targeted nities.	shuttle	services	to	access	employment

IX. Priorities for Implementation and Potential Projects

Identification of priorities for implementation was based on feasibility for implementing the specific strategies. All of the strategies discussed during the second workshop that are eligible for funding from Section 5310, 5316, or 5317 programs are considered priorities. Based on this process, 9 specific strategies to meet these needs in PDC 6 were identified (as noted in Section VIII) as the priorities and included in the region's CHSM Plan.

These strategies are detailed in this section to include the multiple unmet transportation needs or issues each addresses, potential projects that correspond to each strategy, and potential funding sources through the three programs that require this coordinated plan.

While potential projects that could be implemented to fulfill these strategies are included, please note that this list is not comprehensive and other projects that meet the strategy would also be considered.

Strategy: Continue to Support and Maintain Capital Needs of Coordinated Human Service/Public Transportation Providers

To implement strategies to expand mobility options for older adults, people with disabilities, and people with lower incomes in the region, maintaining and building upon the current capital infrastructure is crucial to the community transportation network. This strategy would involve appropriate vehicle replacement, vehicle rehabilitation, vehicle equipment improvements, and acquisition of new vehicles to support development of a coordinated transportation system.

Unmet Need/Issue Strategy Will Address:

- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities)
- Additional transportation options for people who are eligible for CSB services.
- Same-day transportation service for spontaneous travel needs.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region (especially Rockingham County).

Potential Funding Sources:

- Section 5310
- New Freedom
- JARC

- Capital expenses to support the provision of transportation services to meet the special needs of older adults, people with disabilities, and people with lower incomes.
- Capital needs to support new mobility management and coordination programs among public transportation providers and human service agencies providing transportation.

Strategy: Build coordination among existing public transportation and human service transportation providers.

One of the issues noted at the initial workshop was the need for a formalized structure to facilitate the improved coordination of public transit and human services transportation in the region. This strategy presents opportunities to improve connections between providers, and expand access both within and outside the region. A mobility management strategy can be employed that provides the support and resources to explore these possibilities and put into action the necessary follow-up activities.

Unmet Needs/Issues Strategy Will Address:

- Transportation services beyond a specific agency's program criteria.
- Same-day transportation service for spontaneous travel needs.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region (especially Rockingham County).
- Mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Reduce liability issues that hinder coordination efforts, including working with insurance companies and informing providers of the Community Transportation Association of Virginia (CTAV) insurance program.

Unmet Needs/Issues Strategy Will Address (continued):

- Improved technology that facilitates coordination of services, including ability to network information between different providers.
- Formalized structure to facilitate and improve coordination of funding to expand services.
- Technical training for human service agencies on computer software and other route and service management technologies.

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/Section 5311 (f)

- Mobility broker to facilitate cooperation between transportation providers, including:
 - Helping establish inter-agency agreements for connecting services or sharing rides.
 - Arranging trips for customers as needed.
 - Exploring technologies that simplify access to information on services.
 - Coordinate services among providers with wheelchairaccessible vans so that these resources can be better accessed throughout the community.
 - Use of human service agency transportation providers as feeder service to fixed routes.
- Implement voucher program through which human service agencies are reimbursed for trips provided for another agency based on pre-determined rates or contractual arrangements.

Strategy: Expand outreach and information on available transportation options in the region, including establishment of a centralized point of access.

A greater emphasis can be placed not just on the coordination of actual services, but also on outreach and information sharing to ensure people with limited mobility are aware of the transportation services available to them. This strategy also presents an opportunity for a mobility manager project whose activities could include the promotion of available transportation services.

Unmet Needs/Issues Strategy Will Address:

- Mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Use of the Virginia 211 system to provide information on available transportation services.
- Marketing campaigns to educate general public on need for nonautomobile transportation options and to reduce stigmatization of people who use public transit.

Potential Funding Sources:

- New Freedom
- JARC

- Mobility manager to facilitate access to transportation services, including:
 - Serving as information clearing- house on available public transit and human services transportation in region.
 - Implementing new or expanded outreach programs that provide potential customers and human service agency staff with information and training in use of current transportation services.
- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.
- Implement marketing campaign targeting specific audiences and routes.

Strategy: Provide flexible transportation options and more specialized or one-to-one services through expanded use of volunteers.

A variety of transportation services are needed to meet the mobility needs of older adults, people with disabilities, and people with lower incomes in the region. Customers may need more specialized services beyond those typically provided through general public transit services, and in the rural portions of the region may not be conducive for shared ride services. Therefore, the use of volunteers may offer transportation options that are difficult to provide through public transit and human service agency transportation. Volunteers can also provide a more personal and one-to-one transportation service for customers who may require additional assistance.

Unmet Needs/Issues Strategy Will Address:

- Greater door-to-door services for people who need assistance between their residence/destination and vehicle.
- Expanded use of volunteer drivers through formalized program, i.e. one that provides tax credits for volunteer drivers.
- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Transportation to recreation (i.e. parks, sports facilities).
- Additional transportation options for people who are eligible for CSB services.
- Same-day transportation service for spontaneous travel needs.
- Transportation options for young people with disabilities living in rural areas of the region (especially Rockingham County).

Potential Funding Sources:

• New Freedom

- Implement new or expanded volunteer driver program to meet specific geographic or trip purpose needs.
- Implement new or expanded volunteer driver program to provide same day transportation.

Strategy: Expand availability of demand-response service and specialized transportation services to provide additional trips for older adults, people with disabilities, and people with lower incomes.

The expansion of current demand-response and specialized transportation services operated in the region is a logical strategy for improving mobility for older adults, people with disabilities, and people with lower incomes. This strategy would meet multiple unmet needs and issues while taking advantage of existing organizational structures to improve mobility in the region. Operating costs -- driver salaries, fuel, vehicle maintenance, etc. -- would be the primary expense for expanding services, though additional vehicles may be necessary for providing same-day transportation services or serving larger geographic areas.

Unmet Needs/Issues Strategy Will Address:

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends (except Harrisonburg).
- Transportation services beyond a specific agency's program criteria.
- Transportation for non-medical related social trips.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.
- Transportation to recreation (i.e. parks, sports facilities).
- Same-day transportation service for spontaneous travel needs.

Unmet Needs/Issues Strategy Will Address (continued):

- Transportation services from remote areas of the region to employment and shopping destinations.
- Expanded transportation services to locations outside immediate service area, especially medical facilities.
- Transportation options for young people with disabilities living in rural areas of the region (especially Rockingham County).

Potential Funding Sources:

- New Freedom
- JARC
- Section 5310
- Section 5311/ Section 5311 (f)

- Expand current demand-response system to serve additional trips.
- Expand hours and days of current demand response system to meet additional service needs.
- Aid a private taxi provider in purchasing an accessible vehicle.
- Create same day service under current demand-response system.

Strategy: Implement new public transportation services or operate existing public transit services on a more frequent basis.

The service hours for public transit in PDC 6 are noted in Section V. New or expanded services in the evenings and weekends should be considered to expand mobility options in the region, especially to work locations. In addition, services that allow access to key destinations outside the region were identified by workshop participants as an important need.

Unmet Needs/Issues Strategy Will Address:

- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities

Potential Funding Sources:

- JARC
- Section 5310
- New Freedom
- Section 5307
- Section 5311/Section 5311(f)

- Increase frequency of public transit services as possible.
- Convert demand-response services to fixed schedule or fixed-route services as possible.

Strategy: Establish or expand programs that train customers, human service agency staff, medical facility personnel, and others in the use and availability of transportation services

In addition to expanding transportation options in the region, it is important that customers, as well as caseworkers, agency staff, and medical facility personnel that work with older adults, people with disabilities, and people with low incomes, are familiar with available transportation services. Efforts can include travel training programs to help individuals use public transit services, and outreach programs to ensure people helping others with their transportation issues are aware of mobility options in the region. In addition, the demand for transportation services to dialysis treatment facilities necessitates the need for a strong dialogue between transportation providers and dialysis locations so that treatment openings and available transportation are considered simultaneously.

Unmet Needs/Issues Strategy Will Address:

- Expand travel training services to help people unsure how to use available transportation services.
- Transportation for non-medical related social trips.
- Mobility manager to provide information on available transportation options and facilitate highly unique trips.
- Expanded transportation options for school children and young people.

Potential Funding Sources:

- New Freedom
- JARC

- Implement new or expand outreach programs that provide customers and human service agency staff with training and assistance in use of current transportation services.
- Implement mentor/advocate program to connect current riders with potential customers for training in use of services.

Strategy: Bring new funding partners to public transit/human service transportation.

The demand for public transit-human service transportation is growing daily. One of the key obstacles the industry faces is how to pay for additional service. This strategy would meet multiple unmet needs and issues by tackling non-traditional sources of funding. Hospitals, supermarkets, and retailers who want the business of the region's riders may be willing to pay for part of the cost of transporting those riders to their sites. This approach is applicable to both medical and retail establishments already served, as well as new businesses.

Unmet Needs/Issues Strategy Will Address:

- Increased funding for operating costs.
- Fares may be prohibitive for individuals with limited incomes.
- Transportation for job opportunities that require late shifts.
- Expanded transportation in evenings and on weekends.
- Access to evening GED and college classes.
- Transportation to access evening employment opportunities.

Potential Funding Sources:

JARC

- Employer funding support programs, either directly for services and/or for local share.
- Employer sponsored transit pass programs that allow employees to ride at reduced rates.
- Partnerships with private industry, i.e. retailers and medical centers.

Strategy: Provide targeted shuttle services to access employment opportunities.

Limited transportation services to access employment opportunities could be addressed through the implementation of shuttle services designed around concentrated job centers. These concentrated job opportunities provide central employment destinations that could potentially be served via targeted shuttle services. Locating a critical mass of workers is the key for this strategy to be effective. This strategy may also provide a mechanism for employer partnerships.

Unmet Needs/Issues Strategy Will Address:

- Transportation to access job opportunities that require evening and weekends shifts.
- Weekend transportation service in rural areas of the region, especially for work-related trips.

Potential Funding Sources:

JARC

- Operating assistance to fund specifically-defined, targeted shuttle services.
- Capital assistance to purchase vehicles to provide targeted shuttle services.
- Partnership arrangements with major employers.

X. Plan Adoption Process

As noted in Section IV, participants from the regional workshops were involved throughout the planning process, and reviewed and commented on initial drafts that included the assessment of transportation services, assessment of transportation needs and gaps, and proposed strategies and potential projects. Ultimately, these coordinated planning participants formally discussed and agreed upon the identified strategies in this plan. At the third workshop, they provided a more formal endorsement through a Statement of Participation, which is included in Appendix F.

Additionally, each plan will become a section within the PDC's Regional Rural Long Range Plan (RLRP) which is required by the Virginia Department of Transportation (VDOT). The intent is a regional transportation plan in rural areas that complements those in the metropolitan areas of the state. The development and components of each RLRP will include public outreach and recommendation development, as well as public endorsement and regional adoption.

XI. Ongoing and Future Arrangements for Plan Updates

In addition to developing this coordinated public transit-human services transportation plan that fulfills the FTA requirements, DRPT will be working with the region on an ongoing structure to serve as the foundation for future coordinated transportation planning efforts.

Similar to the process for development of the CHSM Plan, this structure will be determined through input with a diverse group of stakeholders that represent transportation, aging, disability, social service and other appropriate organizations in the region, including participants from the three workshops. While formal responsibilities and organizational roles will be determined locally, it is anticipated this structure will:

- Lead updates of the Coordinated Human Service Mobility Plan for PDC 6 based on local needs (but at the minimum FTA required cycle).
- Provide input and assist public transit and human service transportation providers in establishing priorities with regard to community transportation services.
- Review and discuss coordination strategies in the region and provide recommendations for potential improvements to help expand mobility options in the region.
- Provide input on applications for funding through the Section 5310, JARC, and New Freedom competitive selection process.

Appendix A – Final FTA Guidance on Coordinated Planning Requirements

The following excerpt is from the final guidance from the Federal Transit Administration (FTA) on the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access Reverse Commute (JARC – Section 5316) and New Freedom (Section 5317) programs. (Effective May 1, 2007)

Final Circulars: http://www.fta.dot.gov/laws/leg_reg_circulars_guidance.html

Final Register Notices: http://www.fta.dot.gov/laws/leg_reg_federal_register.html

COORDINATED PLANNING

1. THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN. Federal transit law, as amended by SAFETEA-LU, requires that projects selected for funding under the Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC), and New Freedom programs be "derived from a locally developed, coordinated public transit-human services transportation plan" and that the plan be "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public." experiences gained from the efforts of the Federal Interagency Coordinating Council on Access and Mobility (CCAM), and specifically the United We Ride (UWR) Initiative, provide a useful starting point for the development and implementation of the local public transit-human services transportation plan required under the Section 5310, JARC and New Freedom Programs. Many States have established UWR plans that may form a foundation for a coordinated plan that includes the required elements outlined in this chapter and meets the requirements of 49 U.S.C. 5317.

2. <u>DEVELOPMENT OF THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLAN.</u>

a. <u>Overview</u>. A locally developed, coordinated, public transit-human services transportation plan ("coordinated plan") identifies the transportation needs of individuals with disabilities, older adults, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. Local plans may be developed on a local, regional, or statewide level. The decision as to the boundaries of the local planning areas should be made in consultation with the State, designated recipient and the metropolitan planning organization (MPO), where applicable. The agency leading the planning process is decided locally and does not have to be the designated recipient.

In urbanized areas where there are multiple designated recipients, there may be multiple plans and each designated recipient will be responsible for the competitive selection of projects in the designated recipient's area. A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan must be

developed through a process that includes representatives of public and private and non-profit transportation and human services transportation providers, and participation by members of the public. Members of the public should include representatives of the targeted population(s) including individuals with disabilities, older adults, and people with low incomes. While the plan is only required in communities seeking funding under one or more of the three specified FTA programs, a coordinated plan should also incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact.

- b. <u>Required Elements</u>. Projects competitively selected for funding shall be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:
 - (1) An assessment of available services that identifies current transportation providers (public, private, and non-profit);
 - (2) An assessment of transportation needs for individuals with disabilities, older adults, and people with low incomes. This assessment can be based on the experiences and perceptions of the planning partners or on more sophisticated data collection efforts, and gaps in service (Note: If a community does not intend to seek funding for a particular program (Section 5310, JARC, or New Freedom), then the community is not required to include an assessment of the targeted population in its coordinated plan);
 - (3) Strategies, activities and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiencies in service delivery; and
 - (4) Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

Note: FTA will consider plans developed before the issuance of final program circulars to be an acceptable basis for project selection for FY 2007 if they meet minimum criteria. Plans for FY 2007 should include 1) an assessment of available services; 2) an assessment of needs; and 3) strategies to address gaps for target populations; however, FTA recognizes that initial plans may be less complex in one or more of these elements than a plan developed after the local coordinated planning process is more mature. Addendums to existing plans to include these elements will also be sufficient for FY 2007. Plans must be developed in good faith in coordination with appropriate planning partners and with opportunities for public participation.

c. <u>Local Flexibility in the Development of a Local Coordinated Public Transit-Human Services Transportation Plan</u>. The decision for determining which agency has the lead for the development and coordination of the planning process should be made at the State, regional, and local levels. FTA recognizes the importance of local flexibility in developing plans for human service transportation. Therefore, the lead agency for the coordinated planning

process may be different from the agency that will serve as the designated recipient. Further, FTA recognizes that many communities have conducted assessments of transportation needs and resources regarding individuals with disabilities, older adults, and/or people with low incomes. FTA also recognizes that some communities have taken steps to develop a comprehensive, coordinated, human service transportation plan either independently or through United We Ride efforts. FTA supports communities building on existing assessments, plans and action items. As all new Federal requirements must be met, however, communities may need to modify their plans or processes as necessary to meet these requirements. FTA encourages communities to consider inclusion of new partners, new outreach strategies, and new activities related to the targeted programs and populations.

Plans will vary based upon the availability of resources and the existence of populations served under these programs. A rural community may develop its plans based on perceived needs emerging from the collaboration of the planning partners, whereas a large urbanized community may use existing data sources to conduct a more formal analysis to define service gaps and identify strategies for addressing the gaps.

This type of planning is also an eligible activity under three other FTA programs—the Metropolitan Planning (Section 5303), Statewide Planning (Section 5304), and Urbanized Area Formula (Section 5307) programs, all of which may be used to supplement the limited (10 percent) planning and administration funding under this program. Other resources may also be available from other entities to fund coordinated planning activities. All "planning" activities undertaken in urbanized areas, regardless of the funding source, must be included in the Unified Planning Work Program (UPWP) of the applicable MPO.

- d. <u>Tools and Strategies for Developing a Coordinated Plan</u>. States and communities may approach the development of a coordinated plan in different ways. The amount of available time, staff, funding, and other resources should be considered when deciding on specific approaches. The following is a list of potential strategies for consideration.
 - (1) Community planning session. A community may choose to conduct a local planning session with a diverse group of stakeholders in the community. This session would be intended to identify needs based on personal and professional experiences, identify strategies to address the needs, and set priorities based on time, resources, and feasibility for implementation. This process can be done in one meeting or over several sessions with the same group. It is often helpful to identify a facilitator to lead this process. Also, as a means to leverage limited resources and to ensure broad exposure, this could be conducted in cooperation or coordination with the applicable metropolitan or statewide planning process.
 - (2) <u>Self-assessment tool</u>. The Framework for Action: Building the Fully Coordinated Transportation System, developed by FTA and available at www.unitedweride.gov, helps stakeholders realize a shared perspective and build a roadmap for moving forward together. The self-assessment tool focuses on a series of core elements that are represented in categories

of simple diagnostic questions to help groups in States and communities assess their progress toward transportation coordination based on standards of excellence. There is also a Facilitator's Guide that offers detailed advice on how to choose an existing group or construct an ad hoc group. In addition, it describes how to develop elements of a plan, such as identifying the needs of targeted populations, assessing gaps and duplications in services, and developing strategies to meet needs and coordinate services.

- (3) <u>Focus groups</u>. A community could choose to conduct a series of focus groups within communities that provides opportunity for greater input from a greater number of representatives, including transportation agencies, human service providers, and passengers. This information can be used to inform the needs analysis in the community. Focus groups also create an opportunity to begin an ongoing dialogue with community representatives on key issues, strategies, and plans for implementation.
- (4) <u>Survey</u>. The community may choose to conduct a survey to evaluate the unmet transportation needs within a community and/or available resources. Surveys can be conducted through mail, e-mail, or in-person interviews. Survey design should consider sampling, data collection strategies, analysis, and projected return rates. Surveys should be designed taking accessibility considerations into account, including alternative formats, access to the internet, literacy levels, and limited English proficiency.
- (5) <u>Detailed study and analysis</u>. A community may decide to conduct a complex analysis using inventories, interviews, GIS mapping, and other types of research strategies. A decision to conduct this type of analysis should take into account the amount of time and funding resources available, and communities should consider leveraging State and MPO resources for these undertakings.
- 3. PARTICIPATION IN THE COORDINATED PUBLIC TRANSIT-HUMAN SERVICES TRANSPORTATION PLANNING PROCESS. Recipients shall certify that the coordinated plan was developed through a process that included representatives of public, private, and non-profit transportation and human services providers, and participation by members of the public. Note that the required participants include not only transportation providers but also providers of human services, and members of the public (e.g., individuals with disabilities, older adults, and individuals with low incomes) who can provide insights into local transportation needs. It is important that stakeholders be included in the development and implementation of the local coordinated public transit-human services transportation plan. A planning process in which stakeholders provide their opinions but have no assurance that those opinions will be considered in the outcome does not meet the requirement of 'participation.' Explicit consideration and response should be provided to public input received during the development of the coordinated plan. Stakeholders should have reasonable opportunities to be actively involved in the decision-making process at key decision points, including, but not limited to, development of the proposed coordinated plan document. The following possible strategies facilitate appropriate inclusion:

- a. Adequate Outreach to Allow for Participation. Outreach strategies and potential participants will vary from area to area. Potential outreach strategies could include notices or flyers in centers of community activity, newspaper or radio announcements, e-mail lists, website postings, and invitation letters to other government agencies, transportation providers, human services providers, and advocacy groups. Conveners should note that not all potential participants have access to the Internet and they should not rely exclusively on electronic communications. It is useful to allow many ways to participate, including in-person testimony, mail, e-mail, and teleconference. Any public meetings regarding the plan should be held in a location and time where accessible transportation services can be made available, and adequately advertised to the general public using techniques such as those listed above. Additionally, interpreters for individuals with hearing impairments and English as a second language and accessible formats (e.g., large print, Braille, electronic versions) should be provided as required by law.
- b. Participants in the Planning Process. Metropolitan and statewide planning under 49 U.S.C. 5303 and 5304 require consultation with an expansive list of stakeholders. There is significant overlap between the lists of stakeholders identified under those provisions (e.g., private providers of transportation, representatives of transit users, and representatives of individuals with disabilities) and the organizations that should be involved in preparation of the coordinated plan.

The projects selected for funding under the Section 5310, JARC, and New Freedom Programs must be "derived from a locally developed, coordinated public transit-human services transportation plan" that was "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public." The requirement for developing the local public transit-human services transportation plan is intended to improve services for people with disabilities, older adults, and individuals with low incomes. Therefore, individuals, groups and organizations representing these target populations should be invited to participate in the coordinated planning process. Consideration should be given to including groups and organizations such as the following in the coordinated planning process if present in the community:

(1) <u>Transportation partners</u>:

- (a) Area transportation planning agencies, including MPOs, Councils of Government (COGs), Rural Planning Organizations (RPOs), Regional Councils, Associations of Governments, State Departments of Transportation, and local governments;
- (b) Public transportation providers (including Americans with Disabilities Act (ADA) paratransit providers and agencies administering the projects funded under FTA urbanized and nonurbanized programs);
- (c) Private transportation providers, including private transportation brokers, taxi operators, van pool providers, school transportation operators, and intercity bus operators;
- (d) Non-profit transportation providers;

- (e) Past or current organizations funded under the JARC, Section 5310, and/or the New Freedom Programs; and
- (f) Human service agencies funding, operating, and/or providing access to transportation services.

(2) Passengers and advocates:

- (a) Existing and potential riders, including both general and targeted population passengers (individuals with disabilities, older adults, and people with low incomes);
- (b) Protection and advocacy organizations;
- (c) Representatives from independent living centers; and
- (d) Advocacy organizations working on behalf of targeted populations.

(3) Human service partners:

- (a) Agencies that administer health, employment, or other support programs for targeted populations. Examples of such agencies include but are not limited to Departments of Social/Human Services, Employment One-Stop Services; Vocational Rehabilitation, Workforce Investment Boards, Medicaid, Community Action Programs (CAP), Agency on Aging (AoA); Developmental Disability Council, Community Services Board;
- (b) Non-profit human service provider organizations that serve the targeted populations;
- (c) Job training and placement agencies;
- (d) Housing agencies;
- (e) Health care facilities; and
- (f) Mental health agencies.

(4) Other:

- (a) Security and emergency management agencies;
- (b) Tribes and tribal representatives;
- (c) Economic development organizations;
- (d) Faith-based and community-based organizations;
- (e) Representatives of the business community (e.g., employers);
- (f) Appropriate local or State officials and elected officials;

- (g) School districts; and
- (h) Policy analysts or experts.

Note: Participation in the planning process will not bar providers (public or private) from bidding to provide services identified in the coordinated planning process. This planning process differs from the competitive selection process, and it differs from the development and issuance of a Request for Proposal (RFP) as described in the Common Grant Rule (49 CFR part 18).

c. Levels of Participation. The suggested list of participants above does not limit participation by other groups, nor require participation by every group listed. Communities will have different types of participants depending on population and size of community, geographic location, and services provided at the local level. It is expected that planning participants will have an active role in the development, adoption, and implementation of the plan. Participation may remain low even though a good faith effort is made by the lead agency to involve passengers, representatives of public, private, and non-profit transportation and human services providers, and others. The lead agency convening the coordinated planning process should document the efforts it utilized, such as those suggested above, to solicit involvement.

In addition, Federal, State, regional, and local policy makers, providers, and advocates should consistently engage in outreach efforts that enhance the coordinated process, because it is important that all stakeholders identify the opportunities that are available in building a coordinated system. To increase participation at the local levels from human service partners, State Department of Transportation offices are encouraged to work with their partner agencies at the State level to provide information to their constituencies about the importance of partnering with human service transportation programs and the opportunities that are available through building a coordinated system.

d. Adoption of a Plan. As a part of the local coordinated planning process, the lead agency in consultation with participants should identify the process for adoption of the plan. A strategy for adopting the plan could also be included in the designated recipient's Program Management Plan (PMP) further described in Chapter VII.

FTA will not formally review and approve plans. The designated recipient's grant application will document the plan from which each project listed is derived, including the lead agency, the date of adoption of the plan, or other appropriate identifying information. This may be done by citing the section of the plan or page references from which the project is derived.

4. RELATIONSHIP TO OTHER TRANSPORTATION PLANNING PROCESSES.

a. Relationship Between the Coordinated Planning Process and the Metropolitan and Statewide Transportation Planning Processes. The coordinated plan can either be developed separately from the metropolitan and statewide transportation planning processes and then incorporated into the broader plans, or be developed as a part of the metropolitan and statewide transportation planning processes. If the coordinated plan is not prepared within the broader process, the lead agency for the coordinated plan should ensure coordination and consistency between the coordinated planning process and metropolitan or statewide planning processes. For example, planning assumptions should not be inconsistent.

Projects identified in the coordinated planning process, and selected for FTA funding through the competitive selection process must be incorporated into both the Transportation Improvement Program (TIP) and Statewide Transportation Improvement Program (STIP) in urbanized areas with populations of 50,000 or more; and incorporated into the STIP for nonurbanized areas under 50,000 in population. In some areas, where the coordinated plan or competitive selection is not completed in a timeframe that coincides with the development of the TIP/STIP, the TIP/STIP amendment processes will need to be utilized to include competitively selected projects in the TIP/STIP before FTA grant award.

The lead agency developing the coordinated plan should communicate with the relevant MPOs or State planning agencies at an early stage in plan development. States with coordination programs may wish to incorporate the needs and strategies identified in local coordinated plans into statewide coordination plans.

Depending upon the structure established by local decision-makers, the coordinated planning process may or may not become an integral part of the metropolitan or statewide transportation planning processes. State and local officials should consider the fundamental differences in scope, time horizon, and level of detail between the coordinated planning process and the metropolitan and statewide transportation planning processes. However, there are important areas of overlap between the planning processes, as well. Areas of overlap represent opportunities for sharing and leveraging resources between the planning processes for such activities as: (1) needs assessments based on the distribution of targeted populations and locations of employment centers, employment-related activities, community services and activities, medical centers, housing and other destinations; (2) inventories of transportation providers/resources, levels of utilization, duplication of service and unused capacity; (3) gap analysis; (4) any eligibility restrictions; and (5) opportunities for increased coordination of transportation services. Local communities may choose the method for developing plans that best fits their needs and circumstances.

b. Relationship Between the Requirement for Public Participation in the Coordinated Plan and the Requirement for Public Participation in Metropolitan and Statewide Transportation Planning. SAFETEA-LU strengthened the public participation requirements for metropolitan and statewide transportation planning. Title 49 U.S.C. 5303(i)(5) and 5304(f)(3), as amended by SAFETEA-LU, require MPOs and States to engage the public and stakeholder groups in preparing transportation plans, TIPs, and STIPs. "Interested parties" include, among others, affected public agencies, private providers of transportation, representatives of users of public transportation, and representatives of individuals with disabilities.

MPOs and/or States may work with the lead agency developing the coordinated plan to coordinate schedules, agendas, and strategies of the

- coordinated planning process with metropolitan and statewide planning in order to minimize additional costs and avoid duplication of efforts. MPOs and States must still provide opportunities for participation when planning for transportation related activities beyond the coordinated public transit-human services transportation plan.
- c. Cycle and Duration of the Coordinated Plan. At a minimum, the coordinated plan should follow the update cycles for metropolitan transportation plans (i.e., four years in air quality nonattainment and maintenance areas and five years in air quality attainment areas). However, communities and States may update the coordinated plan to align with the competitive selection process based on needs identified at the local levels. States, MPOs, designated recipients, and public agencies that administer or operate major modes of transportation should set up a cycle that is conducive to and coordinated with the metropolitan and statewide planning processes, to ensure that selected projects are included in the TIP and STIP, to receive funds in a timely manner.
- d. Role of Transportation Provi<u>ders that Receive FTA Funding Under the Urbanized</u> and Other Than Urbanized Formula Programs in the Coordinated Planning Process. Recipients of Section 5307 and Section 5311 assistance are the "public transit" in the public transit-human services transportation plan and their participation is assumed and expected. Further, 49 U.S.C. 5307(c)(5) requires that, "Each recipient of a grant shall ensure that the proposed program of projects (POP) provides for the coordination of public transportation services ... with transportation services assisted from other United States Government sources." In addition, 49 U.S.C. 5311(b)(2)(C)(ii) requires the Secretary of the DOT to determine that a State's Section 5311 projects "provide the maximum feasible coordination of public transportation service ... with transportation service assisted by other Federal sources." Finally, under the Section 5311 program, States are required to expend 15 percent of the amount available to support intercity bus service. FTA expects the coordinated planning process in rural areas to take into account human service needs that require intercity transportation.

Appendix B – Mobility Management – Eligible Activities and Potential Projects

Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation is an eligible project through the Federal Transit Administration's (FTA) Section 5317 (New Freedom) and Section 5316 (Job Access and Reverse Commute – JARC) Programs. Mobility management is considered an eligible capital cost. Therefore, the federal share of eligible project costs is 80 percent (as opposed to 50 percent for operating projects).

The following excerpt on mobility management activities is included in the FTA guidance for the New Freedom and JARC Programs:

- (1) Supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an Mobility management techniques may eligible capital cost. enhance transportation access for populations beyond those served by one agency or organization within a community. For example, a non-profit agency could receive New Freedom funding to support the administrative costs of sharing services it provides to its own clientele with other individuals with disabilities and coordinate usage of vehicles with other non-profits, but not the operating costs of the Mobility management is intended to build coordination service. public transportation providers among existing and other transportation service providers with the result of expanding the availability of service. Mobility management activities may include:
 - (a) The promotion, enhancement, and facilitation of access to transportation services, including the integration and coordination of services for individuals with disabilities, older adults, and low-income individuals;
 - (b) Support for short term management activities to plan and implement coordinated services;
 - (c) The support of State and local coordination policy bodies and councils;
 - (d) The operation of transportation brokerages to coordinate providers, funding agencies and customers;

- (e) The provision of coordination services, including employeroriented Transportation Management Organizations' and Human Service Organizations' customer-oriented travel navigator systems and neighborhood travel coordination activities such as coordinating individualized travel training and trip planning activities for customers;
- (f) The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- (g) Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System Technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems (acquisition of technology is also eligible as a stand alone capital expense).

A Mobility Manager can be the centerpiece of an effort to coordinate existing services to maximize efficiency and effectiveness. This entity can be designed to:

- Plan and identify needs and solutions, with an emphasis on work, school and training trips.
- Continue to seek greater efficiencies and reduce duplication through coordination.
- Coordinate and seek public and private funding including New Freedom, JARC, and sponsorships.
- Coordinate human service transportation with workforce boards, social service agencies, etc.
- Conduct marketing efforts, developing schedules and how to ride guides.
- Serve as One Stop Information Center.
- Function as a rideshare coordinator.
- Develop a mentoring function.

Appendix C – Potential Non-DOT Federal Program Guide

Source – United We Ride Website www.unitedweride.gov/1 691 ENG HTML.htm

U.S. Department of Agriculture

Food and Nutrition Service

U.S. Department of Education

- Office of Elementary and Secondary Education
- Office of Innovation and Improvement
- Office of Special Education and Rehabilitative Services

U.S. Department of the Interior

• Bureau of Indian Affairs

U.S. Department of Health and Human Services

- Health Resources and Services Administration
- Centers for Medicare and Medicaid Services
- Administration on Aging
- Substance Abuse and Mental Health Services
- Administration for Children and Families

U.S. Department of Housing and Urban Development

U.S. Department of Labor

- Employment Standards Administration
- Veterans' Employment and Training Service
- Employment and Training Administration

U.S. Department of Veterans Affairs

- Veterans Benefits Administration
- Veterans Health Administration

Appendix D – Workshop Attendees

1st Workshop – PDCs 6, 7, 9, and 10

Name	Organization	Type	County	Phone	E-mail
Helen Cockrell	Shenandoah AAA	AAA	Front Royal	540-635-7141	helen.cockrell@shenandoahaaa.com
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Fred Helskey	Shenandoah AAA	AAA	Front Royal	540-631-7903	
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Bob Grimm	Valley CSB	CSB	Augusta	540-480-0103	
Dave Toth	Northwestern CSB	CSB	_	540-636-4250	dtoth@nwcsb.com
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Barbie Kibler	Northwestern CSB	CSB	Warr/Fred/She n/Page	540-636-4250	bkibler@mwcsb.com
Carolyn Dull	Valley CSB/Staunton	CSB	Augusta/Highl and	540-213-7301	cdull@vcsb.org
Nikki White	High Street Clubhouse	HS	Charlottesville	434-220-4596	NikkiWhite59@yahoo.com
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Donald Schneider	Fairfield Transport System and Housing	HS	Waynesboro	540-946-1230	fairfieldtransport@netscape.com
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	Empowerment Center				_
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Name	Organization	Type	County	Phone	E-mail
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			City		
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Shaunosey					
Jason Marker	Rockbridge Area	PT	Rockbridge		
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Susan LaRue	RATS	PT	Rockbridge	540-463-2620	laruel@rockbridge.net
Tim Root	RATS	PT	Rockbridge	540-463-3346	rats@rockbridge.net
Jim Gaines	RATS	PT	Rockbridge	540-463-2472	jegaines@rockbridge.net
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		Ride			
		share			
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2nd Workshop - PDC 6

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Jennifer Chestnut	Valley Program for Aging Services	HS	Rockingham, Bath, Highland, Augusta	540-949-7141	jenn@vpas.info
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'Type' Key:

AAA = Area Agency on Aging

CD = County Department

CSB = Community Service Board

CV = College/Vocational School

HS = **Human Services**

JT = Job Training Center

MPO = Metropolitan Planning Organization

MTP = Medicare Transportation Provider

PDC = PDC Planning Office

PT = Public Transit (RPT for rural)

PS = Public Schools

SD = Statewide Department

3rd Workshop - PDC 6

Name	Organization	Type	County	Phone	E-mail
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				ext 16	
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Appendix E – Demographics of Potentially Transit Dependent Persons

Central Shenandoah

DEMOGRAPHICS OF POTENTIALLY TRANSIT DEPENDENT PERSONS

Block Group Number	County	Land Area (Square Miles)	Households	Population	Population Density (Persons/ SqMi)	Elderly	Mobility Disabled	Below Poverty	Autoless Households
510150701001	Augusta	152.3	563	794	5.2	180	78	89	12
510150701002	Augusta	38.1	265	593	15.6	105	47	51	25
510150701003	Augusta	17.1	372	816	47.8	187	96	78	28
510150701004	Augusta	12.9	361	1,499	116.3	150	52	123	35
510150702001	Augusta	82.6	517	1,193	14.4	225	162	82	48
510150702002	Augusta	24.9	454	1,150	46.1	191	48	72	13
510150702003	Augusta	28.9	552	1,460	50.5	219	121	62	12
510150703001	Augusta	29.0	651	1,705	58.7	276	91	52	11
510150703002	Augusta	13.3	564	1,321	99.5	279	74	83	8
510150703003	Augusta	15.7	620	1,582	100.6	243	86	109	21
510150704001	Augusta	25.0	645	1,676	67.2	296	69	48	14
510150704002	Augusta	22.6	733	1,731	76.7	239	99	95	10
510150704003	Augusta	4.6	663	1,610	347.1	250	170	179	36
510150705001	Augusta	8.2	287	676	82.8	155	20	15	11
510150705002	Augusta	7.4	499	1,251	168.2	251	55	5	8
510150705003	Augusta	15.5	556	1,380	89.0	238	100	121	18
510150705004	Augusta	13.7	568	1,301	95.2	222	124	127	26
510150706001	Augusta	16.6	903	2,256	135.6	466	123	156	7
510150706002	Augusta	2.4	249	709	296.7	144	46	169	39
510150706003	Augusta	3.7	641	1,675	456.2	322	108	97	33
510150706004	Augusta	5.9	423	992	168.7	290	107	6	0
510150706005	Augusta	3.9	447	1,119	287.5	272	33	66	0
510150707001	Augusta	12.9	385	957	74.2	192	40	0	22
510150707002	Augusta	4.4	697	1,672	376.4	286	52	20	33
510150707003	Augusta	4.6	593	1,318	287.4	249	67	45	0
510150707004	Augusta	2.1	420	1,019	495.7	148	70	6	0
510150707005	Augusta	13.9	465	1,122	80.5	226	96	38	10
510150708001	Augusta	37.3	568	1,353	36.3	206	129	85	11
510150708002	Augusta	10.9	449	1,136	104.6	248	96	0	12
510150708003	Augusta	11.4	398	961	84.1	216	59	0	22
510150708004	Augusta	2.5	350	793	316.0	185	68	102	18
510150708005	Augusta	22.6	397	955	42.3	200	137	70	13
510150708006	Augusta	4.2	306	819	196.8	112	115	70	15
510150709001	Augusta	28.5	576	1,433	50.3	285	102	76	5
510150709002	Augusta	1.9	299	692	358.1	134	56	52	5
510150709003	Augusta	1.6	403	601	367.0	213	72	56	54
510150709004	Augusta	23.5	677	1,628	69.3	258	82	202	20
510150710001	Augusta	57.8	423	985	17.0	193	70	119	11

510150710002	Augusta	28.3	420	1,023	36.2	184	92	55	11
510150710003	Augusta	35.6	627	1,385	38.9	289	88	96	17
510150710004	Augusta	15.3	705	2,328	151.8	305	67	59	6
510150711001	Augusta	3.3	967	2,381	725.6	190	169	157	38
510150711002	Augusta	3.7	342	825	222.7	137	33	90	32
510150711003	Augusta	5.2	470	1,146	221.0	250	52	8	8
510150711004	Augusta	3.7	435	1,055	282.1	282	49	44	30
510150711005	Augusta	4.0	310	767	193.2	116	32	10	15
510150711006	Augusta	19.4	1,193	3,300	170.1	438	151	43	7
510150712001	Augusta	5.3	583	1,477	280.5	269	93	25	10
510150712002	Augusta	10.2	732	1,939	189.7	326	191	148	11
510150712003	Augusta	13.6	450	1,062	77.9	156	65	78	12
510150712004	Augusta	38.3	565	994	25.9	168	68	46	0
510179801001	Bath	286.6	1,001	1,501	5.2	351	125	126	61
510179801002	Bath	78.4	469	981	12.5	244	123	57	8
510179801003	Bath	22.2	308	649	29.2	146	16	35	27
510179801004	Bath	42.3	558	903	21.3	234	76	92	9
510179801005	Bath	102.3	560	1,014	9.9	201	111	77	7
510919701001	Highland	178.0	564	687	3.9	193	88	122	13
510919701002	Highland	37.1	521	815	22.0	239	71	71	34
510919701003	Highland	200.8	737	1,034	5.1	270	82	125	39
511639901001	Rockbridge	56.9	516	1,126	19.8	199	134	75	16
511639901002	Rockbridge	13.7	545	1,148	83.7	210	63	104	42
511639901003	Rockbridge	15.6	396	973	62.3	168	61	23	0
511639901004	Rockbridge	18.8	479	1,098	58.4	222	49	81	14
511639901005	Rockbridge	19.1	538	1,197	62.8	262	69	171	8
511639901006	Rockbridge	4.8	501	1,073	224.2	179	102	208	49
511639902001	Rockbridge	104.6	819	1,681	16.1	423	112	178	54
511639902002	Rockbridge	70.0	634	1,184	16.9	217	148	134	42
511639902003	Rockbridge	30.8	684	1,549	50.2	285	101	219	27
511639903001	Rockbridge	33.2	448	922	27.7	246	131	56	15
511639903002	Rockbridge	90.0	710	1,531	17.0	318	185	109	23
511639903003	Rockbridge	14.4	506	1,172	81.1	314	68	95	9
511639903004	Rockbridge	17.8	465	1,055	59.1	278	52	66	0
511639903005	Rockbridge	26.7	528	1,165	43.6	319	71	108	0
511639904001	Rockbridge	35.2	392	902	25.6	173	36	78	12
511639904002	Rockbridge	2.8	493	1,035	374.5	241	122	136	59
511639904003	Rockbridge	16.1	342	698	43.4	182	83	50	5
511639904004	Rockbridge	29.0	554	1,299	44.9	231	106	85	24
511650101001	Rockingham	24.1	813	1,986	82.5	357	214	220	17
511650101002	Rockingham	29.7	456	1,123	37.8	139	90	193	25
511650102001	Rockingham	10.2	865	2,015	196.8	345	193	202	70
511650102002	Rockingham	0.8	784	1,703	2,102.6	400	149	143	61
511650103001	Rockingham	11.8	671	1,596	135.8	333	192	178	28
511650103002	Rockingham	29.7	1,165	2,821	95.1	409	136	136	39
511650104001	Rockingham	25.2	435	1,054	41.8	162	90	78	11
511650104001	Rockingham	17.6	523	1,321	75.1	240	129	107	18
511650105001	Rockingham	5.6	375	973	173.9	125	93	262	30
511650105001	Rockingham	27.8	483	1,214	43.7	189	30	46	14
511650106001	Rockingham	18.9	791	2,064	109.2	365	130	137	13
211020100001	Rockingham	10.7	171	2,004	107.4	303	130	137	13

511650106002	Rockingham	16.3	524	1,390	85.1	182	75	100	13
511650107001	Rockingham	13.2	473	1,226	92.7	227	16	70	6
511650107002	Rockingham	18.2	557	1,355	74.4	231	109	97	24
511650108001	Rockingham	7.6	562	1,325	174.9	343	103	133	51
511650108002	Rockingham	10.1	969	2,282	227.0	468	279	239	86
511650108003	Rockingham	5.8	705	1,596	273.9	265	76	102	12
511650109001	Rockingham	14.8	423	1,043	70.4	147	103	70	22
511650109002	Rockingham	11.5	560	1,451	125.8	281	132	125	33
511650110001	Rockingham	53.2	814	1,739	32.7	286	180	147	30
511650110002	Rockingham	35.5	330	602	17.0	129	92	48	5
511650110003	Rockingham	100.9	323	734	7.3	125	88	86	22
511650111001	Rockingham	6.3	341	915	146.3	176	42	43	14
511650111002	Rockingham	16.0	432	1,048	65.6	207	92	95	30
511650111003	Rockingham	51.7	503	1,254	24.2	234	152	249	59
511650112001	Rockingham	9.5	452	1,261	132.8	213	59	92	84
511650112002	Rockingham	23.2	861	2,352	101.5	321	180	223	58
511650112003	Rockingham	73.3	475	1,158	15.8	134	70	105	25
511650114001	Rockingham	3.8	233	659	174.0	158	54	37	10
511650114002	Rockingham	4.9	790	2,237	454.8	437	119	321	19
511650114003	Rockingham	1.4	353	880	643.1	198	56	44	20
511650114004	Rockingham	3.9	354	883	225.3	174	58	74	78
511650115001	Rockingham	2.0	1,135	3,465	1,717.0	786	117	181	62
511650115002	Rockingham	2.0	792	1,937	973.1	400	106	81	15
511650116001	Rockingham	6.8	323	966	142.7	160	46	74	28
511650116002	Rockingham	11.9	362	982	82.9	180	31	2	4
511650117001	Rockingham	8.8	924	2,225	253.0	330	137	178	27
511650117002	Rockingham	8.9	284	687	77.5	125	89	17	8
511650118001	Rockingham	12.8	417	1,135	88.4	161	16	67	12
511650118002	Rockingham	22.0	647	1,655	75.3	288	113	116	17
511650118003	Rockingham	6.2	953	2,511	404.3	846	372	125	65
511650119001	Rockingham	9.2	469	1,143	123.7	241	83	62	12
511650119002	Rockingham	19.3	734	1,217	63.2	217	41	46	6
511650120001	Rockingham	49.3	397	982	19.9	163	104	52	18
511650120002	Rockingham	4.2	626	1,436	345.3	275	110	109	73
511650120003	Rockingham	5.5	870	2,124	388.1	282	121	103	37
	Buena Vista			_,					
515309906001	city	1.2	267	671	560.4	63	37	151	64
515200006002	Buena Vista	0.8	507	1 240	1,730.6	260	102	140	77
515309906002	city Buena Vista	0.8	307	1,349	1,/30.6	360	102	140	77
515309906003	city	0.6	395	911	1,493.4	231	65	7	10
	Buena Vista				ŕ				
515309906004	city	0.4	546	1,204	3,134.0	220	93	150	79
515309906005	Buena Vista city	1.5	403	823	537.1	180	109	120	70
313309900003	Buena Vista	1.5	403	623	337.1	100	109	120	70
515309906006	city	2.3	598	1,391	597.7	317	159	59	61
	Harrisonburg								
516600001001	city	0.2	261	613	3,900.1	81	34	120	34
516600001002	Harrisonburg city	0.2	449	1,225	5,704.8	137	130	358	113
210000001002	Harrisonburg	0.2	777	1,223	<i>5,70</i> -1.0	137	150	550	113
516600001003	city	0.4	758	1,606	4,349.3	154	93	224	92
516600001004	Harrisonburg	0.7	996	2,340	3,489.8	306	107	220	49

Harrisonburg	360 26
516600001005 site 1.7 200 1.001 754.0 1.40 200	260 26
516600001005 city 1.7 368 1,291 754.9 140 302	300 20
Harrisonburg 516600002011 city 0.2 422 6,323 34,423.4 102 17	301 10
Harrisonburg 0.2 422 0,323 34,423.4 102 17	301 10
516600002012 city 0.4 463 1,381 3,676.5 177 72	224 83
Harrisonburg	206 52
516600002013 city 0.2 363 1,086 7,073.5 165 73 Harrisonburg	386 52
516600002014 city 1.7 1,081 2,361 1,396.7 358 123	259 39
Harrisonburg	
516600002021 city 0.8 443 1,594 1,923.0 68 18 Harrisonburg	1,315 7
516600002022 city 0.4 44 409 1,132.9 24 43	23 0
Harrisonburg	
516600002023 city 0.5 1,146 3,549 6,645.0 42 86	2,782 81
Harrisonburg 516600002031 city 0.5 424 777 1,682.1 119 32	132 16
Harrisonburg	102
516600002032 city 2.5 175 424 169.8 57 20	0 0
Harrisonburg 516600003001 city 0.3 572 1,470 4,914.7 105 53	644 28
Harrisonburg	044 26
516600003002 city 1.9 622 1,589 823.5 254 81	87 42
Harrisonburg	107 14
516600003003 city 0.2 304 686 3,847.7 147 56 Harrisonburg	107 14
516600003004 city 0.3 431 1,201 4,069.1 173 31	469 31
Harrisonburg	
516600003005 city 0.3 505 1,328 4,990.2 112 40 Harrisonburg	394 16
516600003006 city 1.1 599 1,474 1,332.7 210 129	307 30
Harrisonburg	
516600004001 city 0.2 374 702 4,461.2 152 93	225 125
Harrisonburg 516600004002 city 0.3 448 1,007 3,898.8 182 74	204 67
Harrisonburg	204 07
516600004003 city 0.3 438 1,069 4,243.1 219 80	194 51
Harrisonburg 516600004004 city 1.1 277 708 657.8 99 39	73 25
516600004004 city 1.1 277 708 657.8 99 39 Harrisonburg	13 23
516600004005 city 0.7 981 2,707 4,025.4 879 67	409 162
Harrisonburg	202 65
516600004006 city 0.9 745 1,548 1,793.7 215 44 516789905001 Lexington city 0.5 402 819 1,657.4 186 47	202 65 117 86
516789905002 Lexington city 0.5 278 2,204 4,189.6 84 51	273 72
516789905003 Lexington city 0.3 450 1,319 5,263.3 201 32	208 30
516789905004 Lexington city 0.3 313 717 2,051.5 174 48	82 19
516789905005 Lexington city 0.2 358 628 2,703.0 263 49	184 59
516789905006 Lexington city 0.6 575 1,180 1,840.8 475 45	131 50
517900001001 Staunton city 0.2 757 1,392 5,857.0 187 85	206 191
517900002001 Staunton city 0.2 424 864 5,421.0 172 93	95 75
517900002002 Staunton city 0.2 385 889 5,533.5 184 102	106 18
517900002003 Staunton city 0.4 545 1,031 2,744.2 204 91	133 50
517900002004 Staunton city 1.2 457 1,004 816.0 160 77	208 77
517900003001 Staunton city 0.6 368 843 1,331.8 252 38	25 28
517900003002 Staunton city 0.6 428 850 1,459.6 206 70	65 47
517900003003 Staunton city 0.3 398 922 3,417.0 244 75	32 10

517900003004	Staunton city	0.6	654	1,323	2,310.0	327	141	181	105
517900003005	Staunton city	0.3	422	848	3,092.2	141	24	259	33
517900004001	Staunton city	2.8	800	1,549	550.9	628	171	61	68
517900004002	Staunton city	1.5	653	1,464	991.7	307	115	138	0
517900004003	Staunton city	0.2	477	1,041	4,340.7	293	50	77	16
517900004004	Staunton city	0.5	727	1,774	3,454.6	440	110	342	79
517900004005	Staunton city	0.3	484	1,083	4,178.1	257	62	49	17
517900005001	Staunton city	4.2	360	878	207.9	241	32	16	18
517900005002	Staunton city	0.3	372	955	3,600.4	351	34	102	23
517900005003	Staunton city	0.4	399	1,367	3,459.2	203	28	79	29
517900006001	Staunton city	2.2	58	385	178.1	78	16	0	0
517900006002	Staunton city	0.2	20	798	3,438.3	19	7	7	0
517900006003	Staunton city	0.2	312	600	3,593.7	94	71	147	52
517900006004	Staunton city	0.9	429	1,024	1,091.7	195	78	87	11
517900006005	Staunton city Waynesboro	1.5	498	969	633.9	238	67	70	32
518200031001	city Waynesboro	0.3	292	604	2,004.6	98	59	121	77
518200031002	city Waynesboro	0.3	240	573	2,279.2	229	49	80	34
518200032001	city Waynesboro	0.8	406	910	1,120.3	149	129	216	8
518200032002	city Waynesboro	0.7	623	1,482	1,995.6	146	130	243	68
518200032003	city Waynesboro	0.3	301	645	2,109.2	105	93	131	40
518200032004	city Waynesboro	4.8	749	1,713	359.9	306	123	334	60
518200033001	city Waynesboro	0.2	440	945	5,125.5	184	75	127	97
518200033002	city Waynesboro	0.2	475	1,122	5,113.8	190	88	237	72
518200033003	city Waynesboro	0.7	671	1,472	2,167.8	306	172	122	33
518200033004	city Waynesboro	1.5	382	806	528.6	110	45	319	67
518200034001	city Waynesboro	1.0	554	1,266	1,261.0	362	57	17	8
518200034002	city Waynesboro	0.5	660	1,492	2,722.1	348	191	28	39
518200034003	city Waynesboro	0.3	555	1,104	4,236.2	248	72	115	118
518200034004	city Waynesboro	0.2	398	747	3,964.9	167	92	84	17
518200035001	city Waynesboro	0.5	614	1,245	2,296.4	438	120	65	63
518200035002	city Waynesboro	0.9	673	1,562	1,757.7	431	86	91	0
518200035003	city Waynesboro	0.7	510	1,060	1,532.2	287	42	42	8
518200035004	city	1.5	320	772	530.0	270	35	87	14
		3,430.8	106,405	258,789	264,775.5	47,686	17,891	28,366	6,608

Appendix F – Statement of Participation

Requested Action

In order to meet the spirit and intent of the SAFETEA-LU legislation and the *Final FTA Guidance on Coordinated Planning Requirements*, workshop participants representing the 21 PDCs are requested to affirm that they have been involved in the coordinated planning process for their region and endorse the output of that involvement, as captured by their local CHSM Plan.

Statement of Participation

As a participant and/or stakeholder in the coordinated planning process in the Commonwealth of Virginia for human service and public transportation, I have been invited to participate and provide input into the CHSM Plan for my region. I acknowledge that this CHSM Plan is a legitimate representation of my region's needs, gaps, strategies, and potential projects that will support future funding applications under the Section 5310, S. 5316, and S. 5317 Programs.

Participating Agency (Please sign your Agency Name only)

- Friendship Industries, Inc.
- Valley Associates for Independent Living
- Rockbridge Area Community Services Board (RACSB)
- Valley Community Services Board
- Valley Program for Aging Services
- Waynesboro Disability Services Board
- Department for the Blind and Visually Impaired
- Vector Industries, Inc.
- Rockbridge Area Transportation System (RATS)
- Valley Associates Independent Living (Rockbridge)
- Central Shenandoah Planning District Commission (PDC)
- The Arc of Harrisonburg and Rockingham
- City of Harrisonburg Department of Public Transportation
- Pleasant View, Inc

